

FILED


03 MAY -2 PM 7:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9700000677

1. Entity Name
G.R. FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business
**3510 CORAL WAY, SUITE 200
MIAMI, FL 33145**

Mailing Address
**3510 CORAL WAY, SUITE 200
MIAMI, FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
65-0800300

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RESTREPO, DARIO
3510 CORAL WAY, SUITE 200
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,437,000.00**

10. Amount of Capital Contributions In FLORIDA to date.

MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	RESTREPO, GLORIA	STREET ADDRESS	
NAME	3510 CORAL WAY, SUITE 200	CITY - ST - ZIP	
STREET ADDRESS	MIAMI, FL 33145		
CITY - ST - ZIP			
DOCUMENT #	HOYOS, CLARA INES	STREET ADDRESS	
NAME	3510 CORAL WAY, SUITE 200	CITY - ST - ZIP	
STREET ADDRESS	MIAMI, FL 33145		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STABLE CHECK HERE

CH 603 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Clara Ines Hoyos Restrepo 04/07/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Capitol Phone #