2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002924

1. Entity Name

GRALLO FAMILY PROPERTIES, LTD.

FILED
00 MAY 10 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
223 66TH STREET SOUTH ST. PETERSBURG FL 33707	223 66TH STREET SOUTH ST. PETERSBURG FL 33707-1325

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3496722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILKINSON, G. BARRY C/O LEFTER, CUSHMAN, WILKINSON & SADORF,PA 696 FIRST AVENUE NORTH, SUITE 201 ST. PETERSBURG FL 33707	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.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. NONE. 0	11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	GRALLO, LUCILLE E 223 66TH STREET SOUTH ST. PETERSBURG FL 33707	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000108871 GRALLO PROPERTIES, INC. 223 66TH STREET SOUTH ST. PETERSBURG FL 33707	STREET ADDRESS CITY-ST-ZIP	400003292784--6 -06/15/00--01146--003 ****141.25 ****141.25
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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: X SIGNATURE REQUIRED Date X 4/10/00 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR 003 (9/99)