

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000605**

1. Entity Name
FAIRWAYS AT GRAND HARBOR, LTD.

FILED
02 AUG 15 PM 9:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business 801 UNO LAGO DRIVE JUNO BEACH FL 33408	Mailing Address C/O FAIRWAYS AT GRAND HARBOR, INC. 801 UNO LAGO DRIVE JUNO BEACH FL 33408
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DUE BY MAY 1, 2002

4. FEI Number 65-0816871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GRAZIOTTO, RAYMOND
801 UNO LAGO DRIVE
JUNO BEACH FL 33408**

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.

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

9. Capital Contributions as Shown on record. \$5,331,681.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P98000020830 FAIRWAYS AT GRAND HARBOR, INC. 801 UNO LAGO DRIVE JUNO BEACH FL 33408	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M44087 BANKATLANTIC VENTURE PARTNERS 2, INC. 1750 E. SUNRISE BLVD./ATTN: JOHN E. ABDO FT. LAUDERDALE FL 33304	STREET ADDRESS CITY-ST-ZIP	7000087131917-5 -08/15/02--01006--016 ****452.50 ****400.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	FF \$926.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200007131962--6 -08/15/02--01006--017 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

CR2E003 (9/01)

STAPLE CHECK HERE

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: **William Taylor** (70) **William Taylor** 4-16-2002 561-625-9445