

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000697

1. Entity Name

THE GRAND REGENCY AT LAKE LOTUS, L.P.

Principal Place of Business

1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751

Mailing Address

1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751-7119

2. Principal Place of Business

474 S. North Lake Blvd

Suite, Apt. #, etc.

Suite 1020

City & State

Altamonte Springs, FL

Zip

32701

Country

US

3. Mailing Address

2221 Lee Road

Suite, Apt. #, etc.

Suite 28

City & State

Winter Park, FL

Zip

32789

Country

US

4. FEI Number

59-3523360

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRLL, INC.

1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751

Name

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

474 S. North Lake Blvd.

Suite 1020

City

Altamonte Springs

FL

Zip Code

32701

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,420,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # A98000001667
NAME GRLL, LTD.
STREET ADDRESS 1101 NORTH LAKE DESTINY DRIVE, SUITE 400
CITY-ST-ZIP MAITLAND FL 32751

13. ADDRESS CHANGES ONLY

STREET ADDRESS 474 S. North Lake Blvd, Suite 1020
CITY-ST-ZIP Altamonte Springs, FL 32701

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

delGUIDICE 321-207-7000
1/07/00 407-660-846

FILED
00 MAY -8 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CS E 13 (9/99)