

2001 UNIFORM BUSINESS REPORT (UBR)

0001545 AF

DOCUMENT-# L00000002788
1. Entity Name
 GRACE CAPITAL, LLC

FILED
 01 MAR -5 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O JAY A. BERNSTEIN
 825 THIRD AVENUE, 40TH FLOOR
 NEW YORK NY 10022

Mailing Address
 C/O JAY A. BERNSTEIN
 825 THIRD AVENUE, 40TH FLOOR
 NEW YORK NY 10022

2. Principal Place of Business
 5550 GLADES RD
 Suite, Apt. #, etc. 305
 City & State BOCA RATON FL
 Zip 33431 Country

3. Mailing Address
 5550 GLADES RD
 Suite, Apt. #, etc. 305
 City & State BOCA RATON FL
 Zip 33431 Country

4. FEI Number 13-4124101
 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD., SUITE 508
 MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name JAY BERNSTEIN
 Street Address (P.O. Box Number is Not Acceptable) 5550 GLADES RD
 SUITE 305
 City BOCA RATON FL Zip Code 33431

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 *Jay Bernstein* DATE 2/1/01
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MANAGING MEMBER	JAY BERNSTEIN	5550 GLADES RD, SUITE 305	BOCA RATON, FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jay Bernstein* DATE 2/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #

CR2E083 (11/00)