2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # L02000021162

1. Entity Name

GRAN PARK WAY, LLC

Principal Place of Business	Mailing Address
1312 COMMERCE LANE. SUITE 2A JUPITER FL 33458	1312 COMMERCE LANE. SUITE 2A JUPITER FL 33458
2. Principal Place of Business	**3. Mailing Address**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0478050

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OLDHAM, WESLEY W
1312 COMMERCE LANE, SUITE 2A
JUPITER FL 33458

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 _____

Signature, typed 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE *Managing Member* NAME *Wesley W. Oldham* STREET ADDRESS *1312 Commerce Lane, Suite #1A* CITY-ST-ZIP *Jupiter, FL, 33458*	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED

2-10-03   561-746-8350

Date   Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE