2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30665

1. Entity Name
GOLF TERRACE, LTD.

2. Principal Place of Business

Suite, Apt. #, etc.



Principal Place of Business C/O DARYL B. CRAMER & ASSOC.. P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDEN S FL 33410-2758 Mailing Address C/O DARYL B. CRAMER & ASSOC.. P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDEN S FL 33410-2758

3. Mailing Address

Suite, Apt. #, etc.

03 MAY -2 PM 2:



DUE BY MAY 1, 2003

City & State		City & State		4. FEI Number 65-0663136 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired XX \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
Na				Daryl Cramer & Associates, P.A.
DARYL B.	CRAMER & ASSOCIATES, F	P.A.		
515 NORTH FLAGLER DRIVE, SUITE 910			Street Ad	dess (P.O. Box Number is Not Acceptable) 3801 PGA Boulevard
l	LM BEACH FL 33401-4325			
11201174	DI DE (OTT) C 90 101 1020			Suite 508
			City	Palm Beach Gardens FL Zip Code 33410
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.				
Daryl B. Cramer /15 4/27/33				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				
9. Capital Contributions as Shown on record. \$500,000.00 10. Amount of Capital Co in FLORIDA to date.			t of Capital Contributions \$5 RIDA to date.	00,000.00 11. MAKE CHECK PAYABLE TO FL. 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 PA	RTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # P01000058923 NAME GOLF TERRACE SPECIAL, INC.		STREET ADDRESS	3801 PGA Boulevard, Suite 508	
STREET ADDRESS 515 NORTH FLAGLER DRIVE, SUITE 910			I	
CITY-ST-ZIP WEST PALM BEACH FL 33401-			CITY-ST-ZIP	Palm Beach Gardens, FL 33410-2758
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DOCUMENT #			ATOFFT ADDRESS	
NAME	•		STREET ADDRESS	
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NAME			STREET ADDRESS	
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CITY-ST-ZIP		·	0111-01-2II	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				

4. 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

1-08-03

905-882-1212

Daytime Phone #

CR2E003 (