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## 2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	A30404
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GOLF TERRACE FINANCING PARTNERSHIP, LTD.



03 MAY -2 PM 2:56 Principal Place of Business C/O DARYL CRAMER & ASSOC.. P.A. Mailing Address C/O DARYL CRAMER & ASSOC.. P.A. SCHOOL PLANT OF THE WILL A 3801 PGA BLVD SUITE 508 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS FL 33410-2758 PALM BEACH GARDENS FL 33410-2758 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State 4. FEI Number 65-0627981 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ХX 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Daryl Cramer & Associates, P.A. DARYL CRAMER & ASSOC., P.A. Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR., SUITE 910 3801 PGA Boulevard WEST PALM BEACH FL 33401 Suite 508 City Zip Code Palm Beach Gardens 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,700,000.00 \$1,700,000.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P95000067184 DOCUMENT # STREET ADDRESS 3801 PGA Boulevard, Suite 508 GOLF TERRACE GENERAL PARTNER, INC. C/O 515 N. FLAGLER DRIVE, SUITE 910 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 Palm Beach Gardens, FL 33410-2758 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 300017917 05/02/03--01119--015 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

🎵 Fabrizio Lucchese 🗸

CR2E003 (10/02)