or on the da

2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # A000000893 1. Entity Name GRANDEVILLE ON DELANEY LTD.				350	OZ MAY - I PM 5: 19 SECRETARY OF STATE TALEAHASSEE, FLORIDA			
				\Diamond				
Principal Place of Business 2221 LEE ROAD. SUITE 28 WINTER PARK FL 32789 Mailing Address 2221 LEE ROAD. SUITE 28 WINTER PARK FL 32789								
2. Principal Place of Business 3. Mailing Address				-	F INDERDIA INNI BRANK ONNIK ORNIK ORNIK ORNIK ORNIK ORNIK DANAK DANAK TOLOG INNI HONDO HILI HOND			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State		City & State		4. FEI Number	59-3646683	Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		d Agent		
				Name				
LECCESE, SALVADOR F 2221 LEE ROAD, SUITE 28				Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789								
				City FL Zip Code				
8. The above	named entity submits this statement fo	r the purpose of changing it	ts registere	ed office or regis	stered agent, or both,	in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable.				DATE	<u> </u>	
Capital Contributions as Shown on record. Signature, typed of printed frame of registered agent and their experience. 10. Amount of Capit in FLORIDA to do								
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS E	NTITY M	UST BE REG	ISTERED AND AC	TIVE WITH THIS OFFI to change a general p	CE. Partner.	
12.	GENERAL PARTNER		13.			ADDRESS CHANGES O		
DOCUMENT #	GV DELANEY, LTD. 2221 LEE ROAD, SUITE 28		STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
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DOCUMENT #			STRI	EET ADDRESS				

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

STREET ADDRESS

CITY-ST-ZIP



Solvador F. Leccese 4.15.00

407-645-5575