2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # | A000000139 | 1 |
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| DOCUMENT# | AUUUUUUU I 33 | ı |

1. Entity Name GRANDE COURT KISSIMMEE ASSOCIATES, LTD.



Principal Place of Business 701 BRICKELL AVENUE. SUITE 1400 MIAMI FL 33131-2822 Mailing Address 701 BRICKELL AVENUE. SUITE 1400 MIAMI FL 33131-2822

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| Principal Place of Business 3. Mailing Address | | | | | | | | | | | | |
|---|---|-------------|---------------------|---------------------------------------|-------------------------|-----------------------|---|--|----------|------------|--|--|
| Suite, Apt. #, etc. Su | | | Suite, Apt. #, etc. | | | (| DUE BY MAY 1, 2003 | | | | | |
| City & State City & State | | | ity & State | | | 4. FEI Number | 4. FEI Number 65-1042498 Applied For Not Applied | | | | | |
| Zip | | Country | Z | ip | Coun | try | 5. Certificate of Status Desired S8.75 Ac Fee Requir | | | Additional | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and Address of New Registered Agent | | | | | |
| PITTS, W. DOUGLAS 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822 | | | | | Name | | | | | | | |
| | | | | | | City | | <u> </u> | ·L | Zip C | | |
| | tions of regist | | | | registere | ed office or reg | gistered agent, or both, | in the State of Florida. I a | | iliar wi | th, and accept | |
| 9. Capital Co as Shown | | \$7,569,673 | 00 | 10. Amount of Capita in FLORIDA to da | | outions | utions 11. MAKE CHECK PAYABLE TO FL. DEPT SEE REVERSE SIDE FOR FEE INFOR | | | | | |
| | | | | | | | | TIVE WITH THIS OFFI to change a general p | | er. | | |
| 12. | 1 8000000 | | RTNER INFOR | RMATION | 13. | | ADDRESS CHANGES ONLY | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P00000084994 GRANDE COURT KISSIMMEE, INC. 5 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822 | | | | ET ADDRESS - ST- ZIP | 35 | | | | | | |
| DOCUMENT / NAME STREET ADDRESS | | | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP DOCUMENT | | | | *** | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | ; | | | | | ET ADDRESS -ST-ZIP | | · | | | <u>. </u> | |
| DOCUMENT # NAME | | | | | STRE | ET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY- | ST-ZIP | 900 01/28/0 | 0011136 9 301066023 | ## ** | 3 526. | 25 | |
| DOCUMENT # NAME | : | | | | STREE | ET ADDRESS | | • | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | | | CITY- | ST-ZIP | | | | | | |

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 empoyered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SINATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

<u>/1/03 3</u>

305-379-8967 Daytime Phone #