2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED May 05, 2005 08:00 AM Secretary of State

DOCUMENT # A0000001819 1. Entity Name GR ASSOCIATES LIMITED PARTNERSHIP						Secretary of State			
Principal Place of Business 1350 E NEWPORT CENTER DR SUITE 206 DEERFIELD BEACH, FL 33442			Mailing Address 1350 E NEWPORT CENTER DR SUITE 206 DEERFIELD BEACH, FL 33442			1 (188 /11) (109 11)		III BBIII BKIKI IIBBE IBIBE IIKIN IBIIRII BI (KA)	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03152005	Chg-LP	CR2E003 (10/03)	
City & State			City & State		-	4. FEI Number 65-1062	128	Applied For Not Applicable	
Zip	Zip Country		Zip	Zip Count		5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name	and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent				
				· ·	Name				
KAY, JAMES R ESQ % KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., STE 102B PALM BEACH GARDENS, FL 33410					Street Address (P.O. Box Number is Not Acceptable)				
7,7,2,11,52,1,6,1,7,2,6,1,7,2,6,1,7,2,6,1,7,2,1,7,1,7,1,7,1,7,1,7,1,7,1,7,1,7,1				•	City	FL Zip Code			
	named entity ions of regist		for the purpose of cha	anging its register	ed office or register	ed agent, or both,	in the State of Flo	orida. I am familiar with, and accept	
SIGNATURE Signature typed of printed name of registered agent and title if applicable DATE									
Chapital Contributions Amount of Capital Contributions									
as Shown	on record.	\$990.00		RIDA to date.	LICT DE DECICE		SANTA PER CANDENIA PER	"C OFFICE	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH TH NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a g							eneral partner.		
12.			ER INFORMATION			ĀDDŔĒSS CH	ANGES ONLY		
DOCUMENT # NAME				STHLET ADDRESS					
STREET ADDRESS CHY-ST-ZIP	7	EWPORT CENTER D LD BEACH, FL 3344		SUITE 206					
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	contitu that th	a information supplied w	ith this filling does not	qualify for the eve	mintion stated in So	ction 119 07(3)(0)	Florida Statutee	I further certify that the information	
indicated the receiv	certify triat (n on this repo er or trustee	in is true and accurate are empowered to execute	nd that my signature s this report as required	hali have the same by Chapter 620.	ingai effect as if n Florida Statutes	nade under oath, t	hat I am a Genera	I further certify that the information at Partner of the limited partnership o	