


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001846		\$150.00	
1. Entity Name GV AT ALAFAYA, LTD., LLLP			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 2221 Lee Road Suite, Apt. #, etc. Suite 28 City & State Winter Park, FL Zip 32789		3. Mailing Address 2221 Lee Road Suite, Apt. #, etc. Suite 28 City & State Winter Park, FL Zip 32789	
4. FEI Number 59-3661617		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent GV Alafaya, Inc 2221 Lee Road Suite 28 Winter Park, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Capital Contributions as Shown on record. 1000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO 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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000068116 GV Alafaya, Inc. 2221 Lee Road, Suite 28 Winter Park, FL 32789	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	100004191781-5 -05/09/01--01130--005
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Alafaya FILED
01 APR 25 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E003 (11/00)

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

SIGNATURE:  Salvador F. Leccese 4-19-01 407-645-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #