

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001847

1. Entity Name

\$150.00
Alafaya

GRANDEVILLE AT RIVER PLACE, LTD., LLLP

FILED

Principal Place of Business

Mailing Address

01 APR 25 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

2221 Lee Road

2221 Lee Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 28

Suite 28

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Country

Zip

Country

32789

32789

4. FEI Number

58-2586401

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GV at Alafaya, Ltd.
2221 Lee Road
Suite 28
Winter Park, FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. \$.01

10. Amount of Capital Contributions

in FLORIDA to date. \$.01

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 # A00000001846
NAME GV at Alafaya, Ltd., LLLP
STREET ADDRESS 2221 Lee Road, Suite 28
CITY-ST-ZIP Winter Park, FL 32789

STREET ADDRESS

CITY-ST-ZIP

000004191780--8

-05/09/01-01130--004

****150.00 ****150.00

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

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Salvador F. Leccese 4-19-01

407-645-5575

Date

Daytime Phone #

CR2E003 (3/1/00)