2002 UNIFORM BUSINESS REPORT (UBR) A0000001847 **DOCUMENT #** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name GRANDEVILLE AT RIVER PLACE, LTD., LLLP 02 MAY -2 AM 10: 33 Principal Place of Business Mailing Address 2221 LEE ROAD. SUITE 28 2221 LEE ROAD, SUITE 28 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 58-2586401 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~ Name GV AT ALAFAYA, LTD. Street Address (P.O. Box Number is Not Acceptable) 2221 LEE ROAD, SUITE 28 **WINTER PARK FL 32789** City 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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00

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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY A00000001866 DOCUMENT # STREET ADDRESS GV AT ALAFAYA, LTD. NAME 2221 LEE ROAD, SUITE 28 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP A STATE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -05/02/02--01038--026 CITY-ST-ZIP ****555.00 ****150.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

in FLORIDA to date.

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

CITY-ST-ZIP

as Shown on record.

BEDSalvador F. Leccese 4-15-02 407-645-5575

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION