2002 UNIFORM BUSINESS REPORT (UBR) APPROVEL A01000000127 DOCUMENT # 1. Entity Name 02 APR 18 PM 2: 23 GRANDE COURT BLANDING ASSOCIATES, LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 701 BRICKELL AVENUE, SUITE 1400 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822 MIAMI FL 33131-2822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** 4. FEI Number 65 ~ 1072277 City & State City & State Applied For Not Applicable Zip Country Country Zip \$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 PITTS, W. DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$15,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY P01000008630 DOCUMENT # STREET ADDRESS GRANDE COURT BLANDING, INC. NAME STREET ADDRESS 701 BRICKELL AVENUE, SUITE 1400 CITY-ST-ZIP MIAMI FL 33131-2822 <u>400005346384--</u> -04725702--01016--007 DOCUMENT # STREET ADDRESS NAME ****193.75 ****193.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # : STREET ADDRESS NAME STREET ADDRESS CITY-ST-7iP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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 employees the execute this report as required by Chapter 620. Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIER

4/4/oz

305-379-8467