## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

STAPLE CHECK HERE

SIGNATURE: 4

|   |   | ,                                |         |  |   |  |
|---|---|----------------------------------|---------|--|---|--|
| DOCUMENT # A0100000127  I. Entity Name  |   |                                  |         |  | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS   |  |
| GRANDE COURT, BŁANDING ASSOCIATES, LTD.   |   |                                  |         |  | 04 MAR 12 PM 12: 38   |  |
| Principal Place of Business Mailing Address   |   |                                  |         | <b>L</b>   | OTTIMITE TIME OF  |  |
| 701 BRICKELL AVENUE, SUITE 1400 701 BRICKELL AVENUE, MIAMI FL 33131-2822 MIAMI FL 33131-2822  |   |                                  | E, SUIT | E 1400   |   |  |
|   |   |                                  |         |  |   |  |
| 2. Principal Place of Business 3. Mailing Address   |   |                                  |         |  |   |  |
| 703 Waterford Way 703 Waterford Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |                                  | ford    | Way  |   |  |
| Suite 800 Suite 800   |   |                                  |         |  | MOORE CR2E003 (11/03)   |  |
| City & State City & State   |   |                                  |         |  | 4. FEI Number Applied For Applied For Applied Por   |  |
|   | Miami, FL Miami, FI   |                                  | Country |  | Tvot Applicable   |  |
| <sup>Zip</sup> 33126  | Country   | <sup>Zip</sup> 33126             | Coun    | ury  | 5. Certificate of Status Desired See Required Fee Required  |  |
|   | 6. Name and Address of Current  | Registered Agent                 |         |  | 7. Name and Address of New Registered Agent   |  |
| OLŤT  | O W DOUGLÃO   |                                  |         | Name   |   |  |
| PITTS, W. DOUGLAS<br>701 BRICKELL AVENUE, SUITE 1400  |   |                                  |         | Street Address   | (P.O. Box Number is Not Acceptable)   |  |
| MIAMI FL 33131-2822   |   |                                  |         |  | 03 Waterford Way  |  |
|   |   |                                  |         |  |   |  |
|   |   |                                  |         | City M   | Miami. FL Zip Code 33126  |  |
|   | named entity submits this statement for<br>ons of registered agent.   | r the purpose of changing its r  | egister | ed office or registe   | ered agent, or both, in the State of Florida. I am familiar with, and accept  |  |
| SIGNATURE   |   |                                  |         |  |   |  |
| 9. Capital Contributions 10. Amount of Capital Contribu   |   |                                  |         | butions  | 11. MAKE CHECK PAYABLE TO FL. DEPT OF STATE   |  |
| as Shown on record. 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   |                                  | 13.     | i, an america  | ADDRESS CHANGES ONLY  |  |
| DOCUMENT #  | P01000008630  |                                  |         | TET ADDRESS TO THE TET ADDRESS T |   |  |
| NAME :  | GRANDE COURT BLANDING, INC. 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822   |                                  | 311.    | /  | 03 Waterford Way, Suite 800   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                                  | CITY    | -ST-ZIP M  | Miami, FL 33126   |  |
| DOCUMENT #  | WIAWIT E 33131-2022   |                                  | STRI    | EET ADDRESS  | 000031672020  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | rės į   |                                  |         | r-ST-ZiP   | <del>04/01/0401014017 **526.25</del>  |  |
| DOCUMENT #  |   |                                  |         | EET ADDRESS  |   |  |
| STREET ADDRESS  | S'  |                                  |         | '-ST-ZIP   |   |  |
| DOCUMENT# NAME  |   |                                  |         | EET ADDRESS  |   |  |
| STREET ADDRESS CITY-ST-ZIP  |   |                                  | CITY    | r-ST-ZIP   |   |  |
| DOCUMENT #<br>NAME  | ME '  |                                  |         | EET ADDRESS  |   |  |
| STREET ADDRESS CITY-ST-ZIP  |   |                                  | CITY    | Y-ST-ZIP   |   |  |
| DOCUMENT #  |   |                                  | STR     | EET ADDRESS  |   |  |
| STREET ACORESS<br>CITY-ST-2P  |   |                                  |         | /-ST-ZIP   | 440 07/08/ 51- 11- 01- 11- 11- 11- 11- 11- 11- 11- 1  |  |
| indicated   | certify that the information supplied with<br>on this report is true and accurate and<br>were or trustee empowered to execute the | I that my signature shall have t | the sam | e legal effect as if   | Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or |  |