


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

526.25

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # A01000000127			
1. Entity Name GRANDE COURT BLANDING ASSOCIATES, LTD.			
Principal Place of Business 703 WATERFORD WAY STE. 800 MIAMI FL 33126		Mailing Address 703 WATERFORD WAY STE. 800 MIAMI FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 703 WATERFORD WAY STE. 800 MIAMI FL 33126		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$5,053,591.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	P01000008630	STREET ADDRESS	
NAME	GRANDE COURT BLANDING, INC.	CITY- ST- ZIP	
STREET ADDRESS	703 WATERFORD WAY		
CITY- ST- ZIP	MIAMI FL 33126		
DOCUMENT #		STREET ADDRESS	
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CITY- ST- ZIP			



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-1072277** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

**1100000331582
04/26/05-80020-020 526.25**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Douglas H. Bridges

4/4/5

305-261-4330

Daytime Phone #