## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| <b>DOCUMENT</b> | - # | A01 | 0000 | 00373 |
|-----------------|-----|-----|------|-------|

1. Entity, Name GRAND ISLE OF NORTH HUTCHINSON ISLAND, LTD.



Principal Place of Business C/O DARYL CRAMER & ASSOCIATES. P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PÅLM BEACH FL 33401

Mailing Address C/O DARYL CRAMER & ASSOCIATES. P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401

FILED

MAY 29 AM 8: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| c/o Dary  | /I Cram   | er & Assoc., P                               | A. c/o Daryl C       | ramer                | & Ass  | oc., P.                  | Α.  |                   |               |          |          | 44 11111  | 19000 1111 1      | •••  |
|---|---|--|----------------------|----------------------|--|--------------------------|---|-------------------|---------------|----------|----------|-----------|-------------------|------|
| Stite, Apt. #, etc. 3801 PGA Blvd., #508 Suite, Apt. #, etc. 3801 PGA Blvd.,  |   |  | ., #5                | 08                   |  | DUE BY MAY 1, 2003       |   |                   |               |          |          |           |                   |      |
| Oity & State City & State   |   |  |                      |                      | 4. F   | 4. FEI Number 65-1086140 |   |                   |               |          | A        | pplied Fo | or                |      |
| Palm Bea  | Palm Beach Gardens, FL Palm Beach Gardens         |  |                      |                      |  |                          |   |                   |               |          |          | N         | ot Applica        | able |
| Zip 334   |   | Country USA                                  | <sup>Zip</sup> 33410 | ip 33410 Country USA |  |                          | 5. Certificate of Status Desired \$8.75 Additional Fee Required |                   |               |          |          |           |                   |      |
| <u></u>   | 6. Name   | and Address of Current I                     | Registered Agent     |                      |  | 7. N                     | lame and A  | Address of N      | lew Regis     | tered /  | Agent    |           |                   |      |
| DANYL CRAMER & ASSOCIATES, P.A.   |   |  |                      |                      | Name Daryl Cramer & Associates, P.A.               |                          |   |                   |               |          |          |           |                   |      |
| 515 NORTH FLAGLER DRIVE, SUITE 910  |   |  |                      |                      | Street Address (P.O. Box Number is Not Acceptable) |                          |   |                   |               |          |          |           | -                 |      |
| WEST PALM BEACH FL 33401  |   |  |                      |                      |  |                          |   |                   |               |          |          |           |                   |      |
| '   |   |  |                      |                      | <u> </u>   | Suite 5                  |   | <del></del>       |               |          | 1 7      | in Cor    | 40                |      |
|   |   |  |                      |                      | City   | Palm Be                  | ach Ga  | irdens            |               | FL       | •   ~    | p Co      | <sup>de</sup> 334 | 10   |
| 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. |   |  |                      |                      |  |                          |   |                   | ept           |          |          |           |                   |      |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.   |   |  |                      |                      |  | B. Cra                   | mer /   | hs                |               | 4/28     | Bo       |           | <del></del>       |      |
| 9. Capital Co   |   |  | 10. Amount of Capit  | al Contrib           | outions '\$1                                       | .800.00                  | 0 00  | 11. MAKE          | CHECK PA      | VARIF    | TO FI    | NED       | T OF STA          | TE   |
| as Shown  |   | \$761,645.00                                 | in FLORIDA to d      | ate.                 | 1000 20 G  | 100,000 to               | ~~~   |                   | VERSE SI      |          |          |           |                   |      |
| 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 # P01000024904   |   |  | стр                  | ET ADDRESS           | 38   | 01 PGA                   | Boulev  | ard.              | Suit          | te 5     | 08       |           |                   |      |
| NAME  | STREET ADDRESS 515 NORTH FLAGLER DRIVE, SUITE 910 |  |                      | SIIIL                | LI ADDRESS   |                          |   |                   |               |          |          |           |                   | §    |
|   |   |  |                      | CITY                 | -ST-ZIP  | Pa                       | lm Bea  | ch Gard           | lens,         | FL 3     | 3341     | 0-2       | 758               |      |
| <b></b>   | <del></del>                                       |  |                      |                      |  |                          |   |                   |               |          |          |           |                   |      |
| DOCUMENT #  |   |  |                      | STRE                 | ET ADDRESS   |                          |   |                   |               |          |          |           |                   |      |
| NAME<br>STREET ADDRESS  |   |  |                      |                      | H  | ·· <del>-</del>          |   |                   |               |          |          |           |                   |      |
| CITY-ST-ZIP   | ']  |  | CITY                 | ·ST-ZIP              |  |                          |   |                   |               |          |          |           |                   |      |
| DOCUMENT #  |   |  |                      | _                    |  |                          | <del>- 300017592543</del><br>04/30/0301081027 **150,00          |                   |               |          |          |           |                   |      |
| NAME  |   |  |                      | STRE                 | ET ADDRESS   |                          | 04/30/030109105( _**120"[0                                      |                   |               |          |          |           | JU                |      |
| STREET ADDRESS  |   |  | ·                    | CITY                 | ·ST-ZiP  |                          |   |                   |               |          |          |           |                   |      |
| CITY-ST-ZIP   |   |  |                      |                      |  |                          |   |                   |               | <u> </u> |          |           |                   |      |
| DOCUMENT #  |   |  |                      | STRE                 | ET ADDRESS   |                          |   |                   |               |          |          |           |                   |      |
| NAME  |   |  |                      |                      | -  | <del>-</del>             | <del>- 3: 1:</del>  | <del>oo : T</del> | · •           |          | <u> </u> |           |                   |      |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  |                      | CITY-                | ST-ZIP   | i                        | 05/29/0   | 03010             | 7 <b>2</b> ni | ][       | <br>     |           | 25                |      |
| DOCUMENT#   | ļ.———   | <u>.                                    </u> |                      | 1                    |  |                          |   |                   |               |          | -        |           |                   |      |
| NAME  |   |  |                      | STRE                 | ET ADDRESS   |                          |   |                   |               |          |          |           |                   |      |
| STREET ADDRESS  |   |  |                      | 4.77                 |  | <u> </u>                 |   |                   |               |          |          |           |                   |      |
| CITY-ST-ZIP   |   |  |                      | City-                | ST-ZIP   |                          |   |                   |               |          |          |           |                   |      |
| DOCUMENT #  |   |  |                      | етпг                 | ET ADDRESS   | <del>- ,</del>           |   |                   |               |          |          |           |                   |      |
| NAME  |   |  |                      | SIRE                 | ET ADDRESS   |                          |   |                   |               |          |          |           |                   |      |
| STREET ADDRESS  |   |  |                      | CITY-                | ST-ZIP   |                          |   |                   |               |          |          |           |                   |      |
| City-St-Zip   |   |  | •                    |                      |  |                          |   |                   |               |          |          |           |                   | ŀ    |

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:** 

QUIREDFabrizio Lucchese <

905-882-1212

Daytime Phone #