

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A01000000374

1. Entity Name
GRAND ISLE FINANCING PARTNERSHIP, LTD.

FILED

02 APR 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-1086143
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE, SUITE 910
WEST PALM BEACH FL 33401**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$7,500.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE 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

DOCUMENT #	P01000024904
NAME	GRAND ISLE GENERAL PARTNER, INC.
STREET ADDRESS	515 NORTH FLAGLER DRIVE, SUITE 910
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Grand Isle General Partner, Inc.* **SIGNATURE REQUIRED** *VERGHESE, Pres.* **122-04-02** **905-882-1212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)