2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	- A01	100000037	4
DOOUNLINI #	<i>, ,</i> , , , , ,		7

1. Entity Name GRAND ISLE FINANCING PARTNERSHIP, LTD.



Principal Place of Business C/O DARYL CRAMER & ASSOCIATES. P.A.

Mailing Address C/O DARYL CRAMER & ASSOCIATES, P.A.

l	GO WE THE

				D	
03 APR	3	0	PH	10:	2



3801 PGA BLVD SUITE 508 PALM BEACH GARDEN S FL 33410-2758			3801 PGA BLVD SUITE 508 PALM BEACH GARDEN S FL 33410-2758						
2. Principal P	Principal Place of Business 3. Mailing Address		- . 			00 711			
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.		DUE BY MAY 1, 2003						
City & Stat	е	City & State			4. FEI Number 65-1086143 Applied			d For	
Zip	Country	Zip	Zip Country			of Status Desired	₩	\$8.75 Addition	
	6. Name and Address of Cu	rrent Registered Agent			7. Name and	Address of New R	legistered	Agent	
DARÝL CRAMER & ASSOCIATES, P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401			Name Daryl Cramer & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 3801 PGA Boulevard						
1 11201174	D. D. 1011 1 2 30 10 .			Sı	uite 508				j
	named entity submits this statem		City		lm Beach	Gardens	FL	Zip Code	33410
8. The above the obligat	named entity submits this statem ions of registered agent.	ent for the purpose of char			red agent, or both	_			accept
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	_ 		. Cramer		DATE	97	-
9. Capital Co as Shown		10. Amount of in FLORI	of Capital Contribution DA to date.	\$7,50	0.00			TO FL. DEPT. OF IR FEE INFORMAT	1
1	A GENERAL PARTN NOTE: General Partner	IER THAT IS A BUSINE IS MAY NOT be change	SS ENTITY MUST d on the form; an	BE REGIST	TERED AND A	CTIVE WITH THE I to change a ge	IS OFFIC eneral pa	E. rtner.	
12.	GENERAL PAF	TNER INFORMATION	13.		ADDRESS CHANGES ONLY				
DOCUMENT # NAME	GRAND ISLE GENERAL PARTNER, INC. 515 NORTH FLAGLER DRIVE, SUITE 910		STREET ADD	ESS 3	3801 PGA E	Soulevard,	Suite	508	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	F	Palm Beach	Gardens,	FL 33	410-2758	
DOCUMENT # NAME			STREET ADDI	ESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						}
DOCUMENT # NAME			STREET ADDI	ESS	00	00175	924		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		04/30/	/0301081-	026	**53500	
DOCUMENT # NAME			STREET ADDI	ESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>				
DOCUMENT # NAME			STREET ADDR	ESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
DOCUMENT # NAME			STREET ADDI	ESS			·		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
14. I hereby o	certify that the information supplied	d with this filing does not a	ualify for the exemption	stated in Se	ection 119.07(3)(i)	Florida Statutes	further ce	rtify that the inform	nation

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

STAPLE CHECK HEME

MUN Fabrizio Lucchese

905-882-1212

Daytime Phone #