

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A01000000799

1. Entity Name

GOLF TERRACE COMMERCIAL, LTD.

FILED

02 APR 26 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business c/o Daryl Cramer & Assoc., P.A.

3. Mailing Address	4. FEI Number
Suite, Apt. #, etc. 515 N. Flagler Dr., Ste. 910 City & State West Palm Beach, FL Zip 33401 Country USA	Suite, Apt. #, etc. 515 N. Flagler Dr., Ste. 910 City & State West Palm Beach, FL Zip 33401 Country USA

DUE BY MAY 1, 2002

Applied For	Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
515 N 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. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P95000087184
NAME	GOLF TERRACE GENERAL PARTNER, INC.
STREET ADDRESS	515 N FLAGLER DRIVE, SUITE 910
CITY-ST-ZIP	WEST PALM BEACH FL 33401

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	

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****535.00 ****535.00

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: *[Signature]* **DATE:** 22-04-02 **905-882-1212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)