

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004038 AV

**DOCUMENT # A02000001358**  
 1. Entity Name  
**GRANT ASSET MANAGEMENT, LTD.**



**FILED**

03 MAY -6 PM 1:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**137 PERUVIAN AVENUE  
 PALM BEACH FL 33480**

Mailing Address  
**137 PERUVIAN AVENUE  
 PALM BEACH FL 33480**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 3475**  
 Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
**WEST PALM BEACH FL**

4. FEI Number  
**52-2370806**

Applied For  
 Not Applicable

Zip Country  
**33402-3475 USA**

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

6. Name and Address of Current Registered Agent  
**HENRY, THORNTON M  
 505 SOUTH FLAGLER DRIVE, SUITE 1100  
 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$31,079,744.00**

10. Amount of Capital Contributions in FLORIDA to date. **31,079,744.00**

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>P02000060688</b>
NAME	<b>GRANT ASSET MANAGEMENT, INC.</b>
STREET ADDRESS	<b>137 PERUVIAN AVENUE</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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	<b>100018205371</b>
CITY-ST-ZIP	<b>05705703--01099--017 **526.25</b>
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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-29-03 957-426-7102**  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE