

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001685

1. Entity Name

G.L. HOMES OF BOYNTON BEACH ASSOCIATES LTD.



FILED
03 MAY -6 PM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite 200

City & State

CORAL SPRINGS, FLORIDA

Zip

33701

Country

USA

3. Mailing Address

1401 UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite 200

City & State

CORAL SPRINGS, FLORIDA

Zip

33701

Country

USA

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DUE BY MAY 1

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

G.L. Homes of Boynton Beach XV Corporation

Street Address (P.O. Box Number is Not Acceptable)-

1401 UNIVERSITY DRIVE

Suite 200

City

CORAL SPRINGS

FL

Zip Code

33701

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

9. Capital Contributions as Shown on record.

\$1,000

10. Amount of Capital Contributions in FLORIDA to date.

\$0.00

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 #
NAME G.L. Homes Boynton Beach XV CORP.
STREET ADDRESS 1401 UNIVERSITY DRIVE, SUITE 200
CITY-ST-ZIP CORAL SPRINGS, FLORIDA 33701

STREET ADDRESS

CITY-ST-ZIP

900018311239

05/06/03-01126-010 **141.25

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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:

Richard M. Norwalk, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard M. Norwalk, V.P.

April 29, 2003

954.753.1730

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE