

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -7 AM 10:46



DOCUMENT # A0300000588
 1. Entity Name
GRAND BAY ASSOCIATES, LTD.

Principal Place of Business 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131	Mailing Address 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03082004 Chg-LP CR2E003 (10/03)

4. FEI Number 54-2105949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent F&L CORP. THE GREENLEAF BUILDING 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Richard J Razook Street Address (P.O. Box Number is Not Acceptable) Hunton Williams 1111 Brickell Avenue Ste 2500 City Miami FL Zip Code 33131
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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 **3/15/04**

9. Capital Contributions as Shown on record. \$6,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 8,907,600
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L03000012878 GRAND BAY GP, LLC 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131	STREET ADDRESS CITY - ST - ZIP	2665 South Bayshore Dr. Ste 601 Coconut Grove, FL 33133
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STAPLE CHECK HERE

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: DATE **3/15/04** Daytime Phone # **305-285-5588**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER