2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

2005 JUN 15 PM 2: 59 DOCUMENT # A03000000588 SECRETARY OF STATE TALLAHASSEE, FLORIDA GRAND BAY ASSOCIATES, LTD. Principal Place of Business Mailing Address 800 BRICKELL AVENUE, SUITE 201 800 BRICKELL AVENUE, SUITE 201 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2665 S. Bayshore Dr. 04142005 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For Grove, FL 54-2105949 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAZOOK, RICHARD J Street Address (P.O. Box Number is Not Acceptable) **HUNTON WILLIAMS** 1111 BRICKELL AVE., STE. 2500 MIAMI, FL 33131 City Zip Code FL 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, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 9. Capital Contributions 101423/1233 as Shown on record. in FLORIDA to date. <u>10,453.723</u> 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L03000012878 DOCUMENT & STREET ADDRESS NAME GRAND BAY GP, LLC 2665 S. BAYSHORE DR., STE. 601 STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP COCONUT GROVE, FL 33133 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS City 51 3P CIEV-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 is equired by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY ST-ZIP

NAME STREET ADDRESS

NAME OF SIGNING GENERAL PARTIE

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