


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007.

| | |
|--|---|
| DOCUMENT # A03000000588 |  |
| 1. Entity Name GRAND BAY ASSOCIATES, LTD. | |

FILED

2007 MAR -5 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business 2665 S. BAYSHORE DR., SUITE 601 COCONUT GROVE, FL 33133 | Mailing Address 2665 S. BAYSHORE DR., SUITE 601 COCONUT GROVE, FL 33133 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 02232007 No Chg-LP | CR2E003 (12/06) |
| 4. FEI Number 54-2105949 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD J
HUNTON WILLIAMS
1111 BRICKELL AVE., STE. 2500
MIAMI, FL 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # | L03000012878 |
| NAME | GRAND BAY GP, LLC |
| STREET ADDRESS | 2665 S. BAYSHORE DR., STE. 601 |
| CITY - ST - ZIP | COCONUT GROVE, FL 33133 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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03/13/07--01025--013 **500.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 2/23/07 DAYTIME PHONE #: 305-285-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STATE OF FLORIDA