

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008632 AF

DOCUMENT # A21712

1. Entity Name

GCR ASSOCIATES LIMITED PARTNERSHIP

FILED

01 APR -3 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business % NORMAN BELFER 120 SUNSET AVENUE PALM BEACH FL 33480-3949	Mailing Address % NORMAN BELFER 120 SUNSET AVENUE PALM BEACH FL 33480-3949
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-1677250	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BELFER, NORMAN C 120 SUNSET AVENUE APT. 3-C PALM BEACH, FL FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. 5/11/01 1,045,852.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	H90785 GCR DEVELOPMENT CORP. % 120 SUNSET AVE. PALM BEACH FL	STREET ADDRESS CITY-ST-ZIP	4000003963494--0 -04/06/01--01114--008 ****526.25 ****526.25
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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: [Signature] 3/30/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)