

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004196 AV

DOCUMENT # A21712

1. Entity Name
GCR ASSOCIATES LIMITED PARTNERSHIP

FILED

2003 APR 15 AM 11:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDAPrincipal Place of Business
% NORMAN BELFER
120 SUNSET AVENUE
PALM BEACH FL 33480-3949Mailing Address
% NORMAN BELFER
120 SUNSET AVENUE
PALM BEACH FL 33480-3949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 58-1677250

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELFER, NORMAN C
120 SUNSET AVENUE
APT. 3-C
PALM BEACH, FL FL 33480

Name

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

City

FL

Zip Code

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.

000015491870

04/09/03--01007--002 **526.25 47

DATE

35

9. Capital Contributions
as Shown on record. \$1,112,662.0010. Amount of Capital Contributions
in FLORIDA to date. \$1,475,978.7811. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # H90785
NAME GCR DEVELOPMENT CORP.
STREET ADDRESS % 120 SUNSET AVE.
CITY-ST-ZIP PALM BEACH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)