

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25234**

1. Entity Name

GRACE PROPERTIES NO. 29, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~1850 LEE ROAD~~ **155 Sabal Palm Dr.**
~~SUITE 115~~ **Longwood, FL**
~~WINTER PARK FL 32789~~ **32779**

Mailing Address
~~1850 LEE ROAD~~
~~SUITE 115~~ **Same**
~~WINTER PARK FL 32789-2104~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2848454** 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

RAJTAR, STEVEN A.
1850 LEE ROAD 155 Sabal Palm Dr.
SUITE 115 Longwood, FL 32779
WINTER PARK FL 32789

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$14,045,099.00** 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 #	J94099	STREET ADDRESS	155 Sabal Palm Drive
NAME	PCG INVESTMENTS, INC.	CITY - ST - ZIP	Longwood, FL 32779
STREET ADDRESS	1850 LEE ROAD, SUITE 115		
CITY - ST - ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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] 4/28/00 407 7868820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR: 033 (1)