

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25818

1. Entity Name

GND ASSOCIATES LTD.

Principal Place of Business

6843 MAIN STREET
MIAMI LAKES FL 33014

Mailing Address

6843 MAIN STREET
MIAMI LAKES FL 33014-2048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0103859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAWLS, ROBERT L
6843 MAIN STREET
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Jeffery S. Scott

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

6843 Main Street

City

Miami Lakes,

FL

Zip Code

33014

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

Jeffery S. Scott

Jeffery S. Scott

06/19/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$8,230,500.00

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

DOCUMENT # M16061
NAME THE GRAHAM COMPANIES
STREET ADDRESS 6843 MAIN STREET
CITY - ST - ZIP MIAMI LAKES FL 33014

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

700003323017--1
-07/14/00-01040-017

STREET ADDRESS

CITY - ST - ZIP

****150.00 ****150.00

STREET ADDRESS

CITY - ST - ZIP

700003323017--1
-07/14/00-01040-018

****376.25 ****376.25

STREET ADDRESS

CITY - ST - ZIP

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.

GND Associates, LTD by The Graham Companies, General Partner

SIGNATURE:

Jeffery S. Scott RE REQUIRED

Jeffery S. Scott

4/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 AM 9:25



DO NOT WRITE IN THIS SPACE