

2002 UNIFORM BUSINESS REPORT (UBR)

0012094 AT

DOCUMENT # **A31640**

1. Entity Name

GRATIAN HOLDINGS, LTD.

FILED

02 JAN 30 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O ALAN B. PATTERSON 19090 FOX LANDING DRIVE BOCA RATON FL 33434	Mailing Address C/O ALAN B. PATTERSON 19090 FOX LANDING DRIVE BOCA RATON FL 33434
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 65-0268547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REINSTEIN, JOEL ESQ.
5300 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Alan Patterson**
Street Address (P.O. Box Number is Not Acceptable) **19090 Fox Landing Drive**
City **Boca Raton** FL Zip Code **33434**

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 **1/23/02**

9. Capital Contributions as Shown on record. \$360,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	PATTERSON, ALAN B. 19090 FOX LANDING DRIVE BOCA RATON FL 33434	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		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: **1/23/02** **954-755-9311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)