

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013292 AF

<b>DOCUMENT #</b>	<b>A31710</b>
<b>1. Entity Name</b>	
GHA COVENTRY, LTD.	

**FILED**

01 APR 30 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b>	<b>Mailing Address</b>
2121 GRAND HARBOR BLVD. VERO BEACH FL 32967	2121 GRAND HARBOR BLVD. VERO BEACH FL 32967

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b>	<b>65-0273441</b>	<b>Applied For</b>
		Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
PETER J. HENN, 2121 GRAND HARBOR BLVD. VERO BCH. FL 32967

<b>7. Name and Address of New Registered Agent</b>
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.**

<b>SIGNATURE</b>	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>9. Capital Contributions as Shown on record.</b>	<b>\$83,952.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

<b>13. ADDRESS CHANGES ONLY</b>
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP

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-05/17/01--01118--011  
\*\*\*\*535.00 \*\*\*\*535.00

**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**

<b>SIGNATURE:</b>	PETER J. HENN, 4/25/01	564-778-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #

CR2E003 (11/00)