№2000 UNIFORM BUSINESS REPORT (UBR) A32303 **DOCUMENT #** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name GROSVENOR PANIC LIMITED PARTNERSHIP 00 JUN 14 PM 1: 33 Principal Place of Business Mailing Address 2401 PGA BLVD. 2401 PGA BLVD. **SUITE 280** SUITE 280 PALM BCH. GARDENS FL 33410-3516 PALM BCH. GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0317005 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent karrankarakak David J. Wiener, Esq. HAMILTON, THOMAS Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard 2401 PGA BLVD. SUITE 280 Suite 280 PALM BCH. GARDENS FL 33410 <u> 43496</u> Palm Beach Gardens tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named enti-SIGNATURE (NOTE: Registered Agent signature required when reinstating) nted name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,348,460.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. \$2,348,460.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P34894 DOCUMENT# STREET ADDRESS HALMISH MANAGEMENT CORP. NAME 2401 PGA BLVD. STE. 280 STREET ADDRESS CITY - ST - ZIP PALM BCH, GARDENS FL 33410 CITY-ST-ZIP 900003300179--4 DOCUMENT# STREET ADDRESS -06/21/00--01117--00<u>4</u> NAME ****526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CIT - ST - ZIP DOCUMENT # STREET ADDRESS NUME STREET ADDRESS CITY-ST-ZIP CITY-ST-74P 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: April 25, 2000 (561) 694-9270

Hallstight Management Corp.