

2001 UNIFORM BUSINESS REPORT (UBR)

0007253 AF

DOCUMENT # A32347
 Entity Name
GROSVENOR SJ II LIMITED PARTNERSHIP

FILED
01 APR 30 PM 6:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **2401 PGA BLVD., SUITE 280, PALM BEACH GARDENS FL 33410**
 Mailing Address: **2401 PGA BLVD., SUITE 280, PALM BEACH GARDENS FL 33410**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WIENER, DAVID J ESO
2401 PGA BLVD., SUITE 280
PALM BEACH GARDENS FL 33410

4. FEI Number: **52-1878386**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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: _____ (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: **\$23,163,922.00**
 10. Amount of Capital Contributions in FLORIDA to date: **\$23,163,922.00**
 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 #	P34894
NAME	HALMISH MANAGMENT CORP.
STREET ADDRESS	2401 PGA BLVD., SUITE 280
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004219556--4
CITY-ST-ZIP	05/16/01 01040 025 ***526.25 ***526.25
STREET ADDRESS	5/15
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

SIGNATURE: **Signature Halmish Management Corp.** April 24, 2001 (561) 694-9270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **Gutter** Date: _____ Daytime Phone #: _____

CR2E003 (11/00)