

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32357**

1. Entity Name

GROSVENOR SJC LIMITED PARTNERSHIP

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 33410-3516**

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

65-0412106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMILTON, THOMAS
2401 PGA BLVD., SUITE 280
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

David J. Wiener, Esq.

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

2401 PGA Boulevard

Suite 280

City

Palm Beach Gardens

FL

Zip Code
33410

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.

\$11,544,800.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$11,544,800.00

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 MANAGEMENT CORP.**
STREET ADDRESS **2401 PGA BLVD., SUITE 280**
CITY - ST - ZIP **PALM BEACH GARDENS FL 33410**

13. ADDRESS CHANGES ONLY

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

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 REQUIRED
Tom Hamilton, President

April 25, 2000

(561) 694-9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HALMISH Management Corp.

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 PM 1:33



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)