

2001 UNIFORM BUSINESS REPORT (UBR)

0007139 AF

DOCUMENT # **A32357**

1. Entity Name

GROSVENOR SJC LIMITED PARTNERSHIP

FILED

01 APR 30 PM 6:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**2401 PGA BLVD., SUITE 230
PALM BEACH GARDENS FL 33410**

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

7. Name and Address of New Registered Agent

**WIENER, DAVID J ESQ
2401 PGA BLVD., SUITE 280
PALM BEACH GARDENS FL 33410**

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. **\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P34894**
NAME **HALMISH MANAGEMENT CORP.**
STREET ADDRESS **2401 PGA BLVD., SUITE 280**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **376 700004213557--1**
CITY-ST-ZIP **-05/16/01--01040--026**
******526.25 ****526.25**

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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** **Halimish Management Corp** **April 24, 2001** **(561) 694-9270**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER **Operation by: Jan Gutter** Date Daytime Phone #

CR2E003 (11/00)