

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33033**

1. Entity Name
GRACE PROPERTIES NO. 30, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 31 AM 9:02

Principal Place of Business Mailing Address
~~1850 LEE ROAD, SUITE 115~~ **155 Sabal Palm Dr.**
~~WINTER PARK FL 32789~~ **Longwood, FL 32779**



MJH

DO NOT WRITE IN THIS SPACE

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 **59-3130683** 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

RAJTAR, STEVEN A., ESQ.
~~1850 LEE ROAD, SUITE 115~~ **155 Sabal Palm Dr.**
~~WINTER PARK FL 32789~~ **Longwood, FL 32779**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,675,181.00** 10. Amount of Capital Contributions in FLORIDA to date. 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 # NAME STREET ADDRESS CITY - ST - ZIP	V31869 GP INVESTMENTS OF ORLANDO, INC. 1850 LEE ROAD, SUITE 115 155 Sabal Palm Dr. WINTER PARK FL Longwood, FL 32779	STREET ADDRESS CITY - ST - ZIP	155 Sabal Palm Dr. Longwood, FL 32779
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PK6 INVESTMENTS, INC. 155 SABAL PALM DRIVE LONGWOOD, FL. 32779	STREET ADDRESS CITY - ST - ZIP	300003275799--0 06/05/00 01005-008
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	Amend filed 5/31/00	STREET ADDRESS CITY - ST - ZIP	****640.00 ****535.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	FF \$ 526.25 U.S. 8.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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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: **Andrea Holcomb** 4/19/2000 407 706-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED (9/9)