

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007949 AT

DOCUMENT # **A33033**

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

FILED

02 MAY -2 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**155 SABAL PALM DR.  
LONGWOOD FL 32779**

Mailing Address  
**155 SABAL PALM DR.  
LONGWOOD FL 32779**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number **59-3130683**

Applied For  Not Applicable

Zip Country Zip Country

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.  
155 SABAL PALM DR.  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	<b>V31869 GP INVESTMENTS OF ORLANDO, INC. 155 SABAL PALM DR. LONGWOOD FL 32779</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>J94099 PCG INVESTMENTS, INC. 155 SABAL PALM DR. LONGWOOD FL 32779</b>	STREET ADDRESS CITY-ST-ZIP	<b>600005555396--4 -05/16/02--01067--014 ***535.00 ***535.00</b>
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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* **ANDREA HOLCOMB** 4/29/02 407-785 8820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)