

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008042 AT

W
6/27

DOCUMENT # A33033

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 19 PM 3:02

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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State 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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 #	V31869
NAME	GP INVESTMENTS OF ORLANDO, INC.
STREET ADDRESS	155 SABAL PALM DR.
CITY-ST-ZIP	LONGWOOD FL 32779
DOCUMENT #	J94099
NAME	PCG INVESTMENTS, INC.
STREET ADDRESS	155 SABAL PALM DR.
CITY-ST-ZIP	LONGWOOD FL 32779
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200017922802
CITY-ST-ZIP	05/05/03--01004--004 **555.00
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: *Andrea Holcomb* **ANDREA HOLCOMB G.P.** Pres. of 407-786-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (10/02)

SIGNATURE CHECK HERE