

**LIMITED PARTNERSHIP****DOCUMENT # A93000001180**

1. Entity Name

**GRAND OLOM, LIMITED PARTNERSHIP****FILED**

04 MAR -8 PM 4:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDAPrincipal Place of Business  
1201 SOUTH OCEAN DRIVE, APT 1904 N.  
HOLLYWOOD FL 33019Mailing Address  
1201 SOUTH OCEAN DRIVE, APT 1904 N.  
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City &amp; State

City &amp; State

4. FEI Number **65-0450263**

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

Name

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

City

**FL**

Zip Code

**WALLACH, JANET**  
1201 SOUTH OCEAN DRIVE, APARTMENT 1904 N  
HOLLYWOOD FL 33019

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.**\$545,882.00**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WALLACH, JANET**  
1201 SOUTH OCEAN DR., APT. 1904 N  
HOLLYWOOD FL 33019

STREET ADDRESS

CITY-ST-ZIP

**500027311365**  
03/08/04--01005--016 \*\*1026.25DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WALLACH, MICHAEL**  
116 HAROLD DRIVE  
WOODMERE NY 11598

STREET ADDRESS

CITY-ST-ZIP

**500027311365**  
01/21/04--01010--015 \*\*1026.25DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WALLACH, EILEEN**  
1273 LOONN AVE.  
KINGSTON TN 37802

STREET ADDRESS

CITY-ST-ZIP

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #