

2001 UNIFORM BUSINESS REPORT (UBR)

0007234 AF

DOCUMENT # A94000000015

1. Entity Name

GROSVENOR PARK I LIMITED PARTNERSHIP

FILED

01 APR 30 PM 12:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**2401 PGA BLVD.
SUITE 280
PALM BCH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**WIENER, DAVID J ESQ.
2401 PGA BLVD.
SUITE 280
PALM BCH. 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. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$10.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10.00**

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	STREET ADDRESS	
NAME	HALMISH MANAGEMENT CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	2401 PGA BLVD. STE. 280		
CITY - ST - ZIP	PALM BCH GARDENS FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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: **SIGNATURE REQUIRED** **HALMISH Management Corp.** **April 24, 2001** **(561) 694-9270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)