

2001 UNIFORM BUSINESS REPORT (UBR)

0012839 AF

DOCUMENT # **A940000000049**

1. Entity Name

GHA ST. ANDREWS, LTD.

Principal Place of Business

2121 GRAND HARBOR BLVD
VERO BEACH FL 32967

Mailing Address

3755 7TH TERRACE
SUITE 301
VERO BEACH FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

D'HAESELEER, RONALD V
2121 GRAND HARBOR BLVD.
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name Peter J. Henn
Street Address (P.O. Box Number is Not Acceptable) 2121 Grand Harbor Boulevard
City Vero Beach FL Zip Code 32907

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

PETER J. HENN

4/25/01

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.

\$250,000.00

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

DOCUMENT # **P96000004739**
NAME **GHA DEVELOPMENT, INC.**
STREET ADDRESS **2121 GRAND HARBOR BOULEVARD**
CITY-ST-ZIP **VERO BEACH FL 32967**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PETER J. HENN

4/25/01

Date

361-778-0180

Daytime Phone #

FILED

01 MAY -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)