

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000072**

1. Entity Name
G.B. RESIDENCES OF KEY BISCAYNE, LTD.

Principal Place of Business
**445 GRAND BAY DRIVE
KEY BISCAYNE FL 33149**

Mailing Address
**445 GRAND BAY DRIVE
KEY BISCAYNE FL 33149-1905**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0554318		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$4,950,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P94000079780	NAME MARGULIES-LOWE DEVELOPMENT CORP.	STREET ADDRESS	
STREET ADDRESS 445 GRAND BAY DRIVE	CITY - ST - ZIP KEY BISCAYNE FL 33149	CITY - ST - ZIP	200003259852--4
DOCUMENT #	NAME	STREET ADDRESS	-05/22/00--01002--022
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	****526.25 ****526.25
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DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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** *Martin Z. Margulies* **4-18-2000** **(305)365-0500**

MARTIN Z. MARGULIES Date Daytime Phone #