


2001 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

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32301



2. Principal Place of Business
430 GRAND BAY DRIVE

3. Mailing Address
430 GRAND BAY DRIVE

Suite, Apt. #, etc.
1004

Suite, Apt. #, etc.
1004

City & State
KEY BISCAYNE, FL

City & State
KEY BISCAYNE, FL

DUE BY SEPTEMBER 26, 2001

4. FEI Number **65-0554318**

Applied For
 Not Applicable

Zip
33149

Country
DADE

Zip
33149

Country
DADE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000079780 MARGULIES-LOWE DEVELOPMENT CORP. 445 GRAND BAY DRIVE KEY BISCAYNE FL 33149	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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******400.00 ****400.00**

900004668679--7
-11/06/01--01042--003
******541.25 ****541.25**

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 MARGULIES** **9-24-01** **(305) 365-0500**

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

0000848 AT CR2E003 (5/01)