## 2002 UNIFORM BUSINESS REPORT (UBR)

	MENT # AGEO	0000072			
DOCUMENT # A9500000072  1. Entity Name				FILED:	
G.B. RESIDENCES OF KEY BISCAYNE, LTD.				02 MAY 13 PM 2: 54	
Principal Place of Business Mailing Address 430 GRAND BAY DRIVE. #1004 430 GRAND BAY DRIVE. KEY GISCAYNE FL 33149 KEY BISCAYNE FL 33149				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
				* 1700 km (1800 1800) Albin Abin Boni Abin Abin Boni Boni Abin Abin Abin Abin Abin Abin Abin Ab	
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State		City & State		4. FEI Number 65-0554318 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional	
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
==C-T-COR	PORATION.SYSTEM		Name		
1200 SOUTH PINE ISLAND ROAD			Street Add	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			-	17.	
			City	FL Zip Code	
9. Capital Co		10. Amount of C	apital Contributions	DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as anown	A GENERAL PARTNER	in FLORIDA THAT IS A BUSINESS AV NOT be changed of	ENTITY MUST BE RE	SEE REVERSE SIDE FOR FEE INFORMATION EGISTERED AND ACTIVE WITH THIS OFFICE. dment must be filed to change a general partner.	
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P94000079780 MARGULIES-LOWE DEVELOPMENT CORP.		STREET ADDRESS		
STREET ADDRESS City-St-Zip	445 GRAND BAY DRIVE KEY BISCAYNE FL 33149	·	CITY-ST-ZIP	6000056381365 -05/29/0201055012	
DOCUMENT # NAME			STREET ADDRESS	****437.50 ****437.50	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT# NAME			STREET AODRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS	6000056381365 -05/29/0201055011	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	*****88.75 ******88.75	
DOCUMENT # NAME		<u> </u>	STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
OCUMENT #			STREET ADDRESS		
STREET-GODRESS CITY-ST-ZIP			CITY-ST-ZIP		
i4. I hereby coindicated of	ertify that the information supplied with on this report is true and accurate and	this filing does not qualify that my signature shall ha	for the exemption stated ve the same legal effect a	in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a General Partner of the limited partnership or	

SIGNATURE: \_\_\_\_