

A9500000911

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 MAY 15 PM 4:06

DOCUMENT # **A9500000911**
 1. Name of Limited Partnership
GROSELL ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 105 S. ROSCOE BLVD. Suite, Apt. #, etc.		3. Principal Office Address 105 S. ROSCOE BLVD. Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 6-9-95	
City & State PONTE VEDRA BCH, FL		City & State		5. FEI Number 59-3327182	
Zip 32082	Country USA	Zip 32082	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Additional Fees required for a Certificate of Status.</small>	
				7. State or Country of Formation FLORIDA	

8a. Capita Contributions as Shown on Record \$500,000	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 6a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date \$500,000	

9. Name and Address of Current Registered Agent BENJAMIN S. GROSELL 105 S. ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082		10. If changed, new registered agent/office	
		Name	
		Street Address (P.O. Box Numbers Not Acceptable) 200002181742--2	
		Suite, Apt. #, etc. 05/16/97 01018 011	
		City FL	
		Zip Code ***1076.25 ***1076.25	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
BENJAMIN S. GROSELL	105 S. ROSCOE BLVD.	PONTE VEDRA BCH, FL 32082	
DANIEL J. GROSELL	105 S. ROSCOE BLVD.	PONTE VEDRA BCH, FL 32082	
HOWARD J. GROSELL	105 S. ROSCOE BLVD.	PONTE VEDRA BCH, FL 32082	

REINSTATEMENT *97*
AK 518

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE **MAY 7, 1997**
 Typed or Printed Name of General Partner Signing Form **BENJAMIN GROSELL** Telephone Number **904-223-1534**

CR2E039 (1/97)