2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

JU	OO	0968
	JU	JUUU

1. Entity Name
GRANITE CONSTRUCTION LIMITED



Principal Place of Business 801 LAUREL OAK DRIVE. SUITE 700 Mailing Address 801 LAUREL OAK DRIVE. SUITE 700 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address 9105 Corsea Del Fontana Way 9105 Corsea Del Fontana Way Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** Applied For City & State City & State 4. FEI Number 65-0593140 Naples FL Naples FL Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 34 109 34 109 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Aspen Construction & Development Inc ASPEN CONSTRUCTION & DEVELOPMENT. INC. Street Address (P.O. Box Number is Not Acceptable) 9105 Corsea Del Fontana Way 801 LAUREL OAK DRIVE, SUITE 700 NAPLES FL 34108 City Naples FL 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. I am familiar with, and accept the obligations of registered agent. Gregory A Wardeberg 2/21/03 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. General Partner 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,000.00 in FLORIDA to date. 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 P95000032233 DOCUMENT # STREET ADDRESS 00001352 ASPEN CONSTRUCTION & DEVELOPMENT, INC. NAME 2123 SEVILLA WAY -01100-STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS



2/21/03

(239)592-5025

Daytime Phone #