2001 UNIFORM	<b>BUSINESS</b>	REPORT	(UBR
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SIGNATURE:

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DOCU 1. Entity Nam		A96000	001145	•			<b>{</b>	
THE GRANDVIEW ALL-SUITE RESORT, LTD.				FIL	ED			
Principal Plac	o of Puningge		Mailing Address	7	)1 APR 25	'PM 12: 12		
Principal Place of Business Mailing Address		•			•			
6640 ESTERO BLVD.  FORT MYERS BEACH FL 33931  C/O SUNSTREAM, INC. 6620 ESTERO BLVD.  FORT MYERS BEACH FL 33931		7	SECRETARY [ALLAHASSI	OF STATE EE. FLORIDA	ICHOL KARAK HIBU CIRRA RUK UCAK			
Principal Place of Business     3. Mailing Address				· · · · · · · · · · · · · · · · · · ·	T THE SENSE OF THE SENSE OF THE CONTRACT OF THE SENSE OF	POLOT 17001 71911 01401 0111 1701		
Suite, Apt. #, etc. Suite, Apt. #, etc.		·	DO NOT WRITE IN THIS SPACE		SPACE			
City & State City & State				4. FEI Number 65-0682411 Applied For Not Applied For				
Zip	Counti	У	Zip	Countr	у	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Add	ress of Current Re	gistered Agent		7. Name and Address of New Registered Agent Name			
MONSRUE	MARY-A	<u> </u>	~ · <del></del> - · ·			<u> </u>		
	TREAM, INC.				Street Address (	P.O. Box Number is Not Acceptable)		
6620 ESTE	•						· · · · · · · · · · · · · · · · · · ·	
	RS BEACH FL 339	31		-	City		Zip Code	
TONT MILE	, NO DENOTITE COO				City	Fl	<b>-</b>   Zip code	
8. The above	named entity submits	this statement for th	e purpose of changing its re	egistered	d office or register	ed agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed na	me of registered agent and t	itle if applicable. (NOTE: I	Registered /	Agent signature required	when reinstating) DATE		
9. Capital Co	. 21	00,000.00	10. Amount of Capital			11. MAKE CHECK PAYABL		
as Shown	on record.		in FLORIDA to dat			SEE REVERSE SIDE FO		
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.		NERAL PARTNER IN		13.		ADDRESS CHANGES OF		
DOCUMENT #	J10116			STREET	ADDRESS	70 E 1 D11		
NAME	SUNSTREAM, INC.			66	ou Estero Diva.			
STREET ADDRESS CITY-ST-ZIP	6640 ESTERO BLV FORT MYERS BEA			CITY-S	ST-ZIP T-4	. Myers Beach, FI	- 33931	
DOCUMENT #	TOTAL INTERIOR DE L			emera	T ADDRESS	100000		
NAME				SIREE	ADURESS			
STREET ADDRESS CITY-ST-ZIP				City-s	ST-ZIP			
DOCUMENT # NAME				STREET	T ADDRESS	3000041919	5338	
STREET ADDRESS CITY-ST-ZIP		*		CITY-S	OT-ZIP	****526.25	114014 ****526_25	
DOCUMENT # NAME	,			STREET	r address			
STREET ADDRESS				CITY-S	ST-ZIP		-	
DOCUMENT #				ł				
NAME				STREET	r Address			
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP			
DOCUMENT # NAME	-			STREET	I ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP			
14. I hereby	army mat the inter-al	ion supplied with this	s filing does not qualify for t	he exem	ption stated in Se	ection 119.07(3)(i), Florida Statutes. I further ce	rtify that the information	
indicatéd on this report is true and a curate 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 his report as additional control of the limited partnership or the receiver or trustee empowered to execute his report as additional control of the limited partnership or the receiver or trustee empowered to execute his report as additional control of the limited partnership or the receiver or trustee empowered to execute his report as additional control of the limited partnership or the receiver or trustee empowered to execute his report as additional control of the limited partnership or the receiver or trustee empowered to execute his report as additional control of the limited partnership or the receiver or trustee empowered to execute his report as additional control of the limited partnership or the receiver or trustee empowered to execute his report as additional control of the limited partnership or the receiver or trustee empowered to execute his report as additional control of the receiver of the limited partnership or the receiver of the receiver								

4/10/c1 941-765-4111
Date Daytime Phone #