

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000032			
1. Entity Name JOHN A. GRANT, JR. LIMITED PARTNERSHIP			
Principal Place of Business 3333 N. FEDERAL HIGHWAY BOCA RATON FL 33431		Mailing Address 3333 N. FEDERAL HIGHWAY BOCA RATON FL 33431-6003	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:21



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0719225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANT, JOHN A JR. 3333 N. FEDERAL HIGHWAY BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
NAME	3333 N. FEDERAL HIGHWAY	CITY - ST - ZIP	800003155868--9
STREET ADDRESS	BOCA RATON FL 33431		-03/03/00--01013--022
CITY - ST - ZIP		STREET ADDRESS	****526.25 ****526.25
DOCUMENT #	NAME	CITY - ST - ZIP	
NAME		STREET ADDRESS	mf 2/29/00
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	NAME	CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	NAME	CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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: *John A. Grant Jr* **2/18/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **JOHN A. GRANT JR**
GR PARTNER
LTD. PARTNERSHIP

Daytime Phone # _____

CR2E003 (9/99)