



FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000677		Apr 26, 2005 08:00		Secretary of State	
1. Entity Name G.R. FAMILY LIMITED PARTNERSHIP, LTD.					
Principal Place of Business 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145		Mailing Address 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.		03072005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0800300	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RESTREPO, DARIO 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,437,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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	CITY-ST-ZIP	000000331231	
	HOYOS, CLARA INES	3510 CORAL WAY, SUITE 200	MIAMI, FL 33145	04/26/05-80008-009 526.25	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 820, Florida Statutes.					
SIGNATURE: Clara Ines Hoyos Clara Ines Hoyos 04/11/05 (305) 445-9555					