2001 UNIFORM BUSINESS REPORT (UBR)

000220

DOCUMENT # A97000000755

1. Entity Name

GRAND SAVANNAH PARTNERS, LTD.

FILED

01 MAY -1 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~2105 PARK AVENUE, NORTH~~ ~~WINTER PARK FL 32789~~	C/O BROAD AND CASSEL P.O. BOX 4961 ORLANDO FL 32802-4961

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
129 ROBIN ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS, FL	City & State
Zip: 32701 Country	Zip Country

4. FEI Number 59-3439892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$50.00		

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 #	P97000005357	STREET ADDRESS	129 Robin Road
NAME	GRAND SAVANNAH, INC.	CITY-ST-ZIP	Altamonte Springs, FL 32701
STREET ADDRESS	~~2105 PARK AVENUE, NORTH~~		
CITY-ST-ZIP	~~WINTER PARK FL 32789~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000004152170--7
STREET ADDRESS			-05/08/01--01072--024
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DOCUMENT #		STREET ADDRESS	3K
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	3M
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

GRAND SAVANNAH, INC

SIGNATURE: SIGNATURE REQUIRED 4-25-01 407/599-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

DONNA D. PEPPER, PRES.

CR2E003 (11/00)