2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI		0001213			F 15 5 15 1	
GRANDE HARBOR OCEAN CLUB, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address					00 APR 28 AM 3: 05	
119 EUCLID AVENUE 119 EUCLID AVENUE					0	
BIRMINGHAM AL 35213-2906 BIRMINGHAM AL 35213-2900) 6			
2. Principal Place of Business 3. Mailing Address				TISSEEN TENS TENS TENS TENS SENT SENT SENT		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 72-1389668 Applied For Not Applicable	
Zip Country		Zip	Country		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	
-	PUTABLIN LEGA			Name 		
WALTERS, ELIZABETH J ESQ 221 MCKENZIE AVENUE			Ì	Street Address (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32401			ſ			
				City FL Zip Code		
SIGNATURE					stered agent, or both, in the State of Florida.	
9. Capital Co	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I			ired when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record.	in FLORIDA to dat	te.		SEE REVERSE SIDE FOR FEE INFORMATION	
	NOTE: General Partners MA	Y NOT be changed on the	ii v mu e form;	an amendm	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNER	INFORMATION	13.	1	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	EUCLID DEVELOPERS, INC.		STREE	T ADDRESS		
STREET ADDRESS CITY - ST - ZIP	119 EUCLID AVENUE BIRMINGHAM AL 35213-2906		CITY-S	ST-ZIP		
DOCUMENT# NAME			STREE	TADORESS		
STREET ADDRESS CITY - ST - ZIP			CITY-	ST - ZIP		
DOCUM <u>e</u> nt# Name		-	STREE	TADORESS	A Company of the Comp	
STREET ADDRESS CITY - ST - ZIP			CITY-:	ST-ZIP	6000032691861 -05/26/0001107011	
DOCUMENT# NAME			STREE	TADDRESS	****141.25 *****141.25	
STREET ADDRESS CITY - ST - ZIP			CITY-S	ST-ZIP		
DOCUMENT / NAME			STREE	TADORESS		
STREET ADORESS CITY - ST - ZIP	,		CITY-	ST-ZIP		
DOCUMENT# NAME			STREE	T ADDRESS		
STREET ADORESS CITY-ST-ZIP				ST-ZIP		
indiaated	certify that the information supplied with on this report is true and accurate and ver or trustee expowered to execute this	that my signature shall have th	ne same	legal effect as i	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or	

DAME OF SIGNING GENERAL PARTNER DELO DELO DELO