

2000 UNIFORM BUSINESS REPORT (UBR)

982076

CR2E003 (9/99)

DOCUMENT # A97000001342

1. Entity Name

GRAYWATER INVESTMENTS, II, LTD.

FILED

00 APR 13 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**

4356-B FORTUNE PLACE P.O. BOX 620877
WEST MELBOURNE FL 32901 MELBOURNE FL 32936



2. Principal Place of Business **3. Mailing Address**

4320 Woodland Park Dr. 4320 Woodland Park Dr.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

W. Melbourne, FL 32904 W. Melbourne, FL 32904

Zip **Country** **Zip** **Country**

32904 USA 32904 USA

4. FEI Number 59-3460397 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

HEALY, PATRICK F ESQ.
700 S. BABCOCK ST., SUITE 400
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$99.00 **10. Amount of Capital Contributions in FLORIDA to date.** _____

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P94000050548	STREET ADDRESS	4320 Woodland Park Drive
NAME	CIA DEVELOPMENT, INC.	CITY - ST - ZIP	West Melbourne, FL 32904
STREET ADDRESS	4320 WOODLAND PARK DR.		
CITY - ST - ZIP	WEST MELBOURNE FL 32904		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	2000003219912--5
STREET ADDRESS			-04/24/00--01037--007
CITY - ST - ZIP			****141.25 ****141.25
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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

SIGNATURE: _____ **DATE:** 3/15/00 **DAYTIME PHONE #:** 321-723-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER