

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001613**

1. Entity Name
THE GRAND RESERVE AT EAGLE VALLEY LIMITED PARTNE

FILED 00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:33

Principal Place of Business
1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751

Mailing Address
1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751-7119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
474 S. North lake Blvd
Suite, Apt. #, etc.
Suite 1020
City & State
Altamonte Springs, FL
Zip
32701 Country
US

3. Mailing Address
2221 Lee Road
Suite, Apt. #, etc.
Suite 28
City & State
Winter Park, FL
Zip
32789 Country
US

4. FEI Number **59-3523344** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DELGUIDICE, CHRISTOPHER
1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
474 S. North lake Blvd
Suite 1020
City **Altamonte Springs, FL** Zip Code **32701**

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. **\$1,000.00** 500

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 # NAME STREET ADDRESS CITY - ST - ZIP	GREV, LTD. 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751	STREET ADDRESS CITY - ST - ZIP	474 S. North lake Blvd, Suite 1020 Altamonte Springs, FL 32701
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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)(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: **SIGNATURE REQUIRED** **Salvador F. Lemese** 4/20/00 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #