

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001894	
1. Entity Name GRANT INVESTMENTS LIMITED PARTNERSHIP	

Principal Place of Business 10180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	Mailing Address 10180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02042004 Chg-LP CR2E003 (10/03)

4. FEI Number 91-1844382	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRANT, MERRILL A 10180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
NAME	THE MERRILL GRANT FAMILY TRUST	CITY-ST-ZIP	
STREET ADDRESS	10180 S. TROPICAL TRAIL		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	THE DESPINA GRANT FAMILY TRUST	CITY-ST-ZIP	
STREET ADDRESS	10180 S. TROPICAL TRAIL		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
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CITY-ST-ZIP			

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03/17/04-80014-006 141.25

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: <i>Merrill A. Grant</i> Merrill A. Grant	Date: 2/23/04	Daytime Phone #: 34-777-1337
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STAPLE CHECK HERE