

2001 UNIFORM BUSINESS REPORT (UBR)

0014909 AF

DOCUMENT # A98000002817
 1. Entity Name
GREGUSH ASSOCIATES, LIMITED

FILED

Principal Place of Business
**287 GEORGE ROAD
 PORT CHARLOTTE FL 33952**

Mailing Address
**287 GEORGE ROAD
 PORT CHARLOTTE FL 33952**

01 JUN 26 PM 12:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0902524**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GREGUSH, JANE
 287 GEORGE ROAD
 PORT CHARLOTTE FL 33952**

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. **\$2,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,600,000.00**

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	
DOCUMENT #	P98000105684
NAME	GREGUSH HOLDINGS, INC.
STREET ADDRESS	287 GEORGE ROAD
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	700004451177--5
CITY-ST-ZIP	-06/29/01--01015--014
STREET ADDRESS	****88.75 ****88.75
CITY-ST-ZIP	700004451177--5
STREET ADDRESS	-06/29/01--01015--015
CITY-ST-ZIP	****437.50 ****437.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *[Signature]* **4/20/01** (941) 624-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ DATE _____ DAYTIME PHONE # _____

CR2E003 (11/00)