

# 2001 UNIFORM BUSINESS REPORT (UBR)

000414 AF

**DOCUMENT #** A99000000144  
**1. Entity Name**  
 G.D.W. PARTNERSHIP, LTD.

7141.25 APPROVED AND FILED

01 MAY -1 AM 9:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business** 4141 N.E. 2ND AVE., SUITE 203-A MIAMI FL 33137  
**Mailing Address** 4141 N.E. 2ND AVE., SUITE 203-A MIAMI FL 33137

**2. Principal Place of Business** 17801 NW 2ND AVE  
**3. Mailing Address** 17801 NW 2ND AVE  
 Suite, Apt. #, etc.

**City & State** MIAMI, FL  
**City & State** MIAMI, FL  
**Zip** 33169 **Country** DADE  
**Zip** 33169 **Country** DADE

**4. FEI Number** 65-0889615  
 Applied For Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 FINK, BRIAN L  
 169 EAST FLAGLER STREET, SUITE 1700  
 MIAMI FL 33131

**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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$750.00  
**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**

DOCUMENT #	P99000001654
NAME	ROSS DEVELOPMENT CORPORATION
STREET ADDRESS	4141 N.E. 2ND AVE., SUITE 203-A
CITY-ST-ZIP	MIAMI FL 33137
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	100004275721--0
CITY-ST-ZIP	-05/22/01--01030--017 ***141.25 ***141.25
STREET ADDRESS	
CITY-ST-ZIP	
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)