

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000424

1. Entity Name

THE GRAND BELLAGIO AT BAYWATCH LIMITED PARTNERSHIP

FILED

02 JUN 11 PM 4: 10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

474 S. NORTH LAKE BLVD., SUITE 1020  
ALTAMONTE SPRINGS FL 32701

Mailing Address

474 S. NORTH LAKE BLVD., SUITE 1020  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3595657

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGUIDICE, CHRISTOPHER

474 S. NORTH LAKE BLVD., SUITE 1020  
ALTAMONTE SPRINGS FL 32701

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

8,711,000.00

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 # A99000000422  
NAME GBB, LTD.  
STREET ADDRESS 474 S. NORTH LAKE BLVD., SUITE 1020  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

13. ADDRESS CHANGES ONLY

STREET ADDRESS 800005600848--7  
CITY-ST-ZIP -05/24/02--01003--017  
\*\*\*\*535.00 \*\*\*\*535.00

DOCUMENT #  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

(321) 207-7000

Date

Business Phone #

STAPLE CHECK HERE

CR2E003 (9/01)