

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVE:
AND
FILED

02 MAY 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B00000000076

1. Entity Name

Grace Venture Partners, LP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 South Orange Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 1850

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

Suite, Apt. #, etc.
SunTrust Center

City & State
Orlando, FL

City & State

4. FEI Number
52-2224528

Applied For
Not Applicable

Zip
32801

Country

Zip
USA

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue

Suite 3000

City
Miami

FL

Zip Code
33131

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 date if applicable.

DATE

9. Capital Contributions
as Shown on record.

50,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,000,000.00

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 # M00000000523
NAME Grace Equity Partners, LLC
STREET ADDRESS 200 South Orange Ave., Suite 1850
CITY-ST-ZIP Orlando, FL 32801

STREET ADDRESS

CITY-ST-ZIP

500005678315--7
-06/04/02--01085--015
****526.25 ****526.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/22/02

Date

Daytime Phone #

407-835-
7900

CR2E003B (12/01)

STAPLE CHECK HERE