

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN 28 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # B 97000000584

1. Entity Name

Grand Cru Property Four L.P.

Principal Place of Business

Mailing Address

420 Lexington Ave Suite 900  
New York, NY 10170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3974413

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

Corporation Service Company  
1201 Hays Street

Tallahassee, FL 32301-2525

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$/00.00

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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	49700000714	STREET ADDRESS	3000004459899--4	
NAME	Grand Cru Villa GP LLC	CITY-ST-ZIP	-07/05/01--01056--001	
STREET ADDRESS	420 Lexington Ave, Suite 900		*****61.25 *****8.75	
CITY-ST-ZIP	New York, NY 10170			
DOCUMENT #		STREET ADDRESS	3000004459899--4	
NAME		CITY-ST-ZIP	-07/05/01--01056--010	
STREET ADDRESS			****141.25 ****141.25	
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NAME		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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARK CHERTOK

6/18/01

(212) 293 8900

Date

Daytime Phone #

CR2E003 (11/00)