

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

141.25

0017413 AT

DOCUMENT # B98000000255

1. Entity Name  
GRAND LAGOON ASSOCIATES, LTD.



FILED

03 MAY -8 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1800 VALLEY VIEW LANE, #300  
DALLAS TX 75234

Mailing Address  
1800 VALLEY VIEW LANE, #300  
DALLAS TX 75234



2. Principal Place of Business  
1700 ABBY PLACE  
Suite, Apt. #, etc.  
SUITE 111  
City & State  
Charlotte, N.C.

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

DUE BY MAY 1, 2003

4. FEI Number 75-2759725  
Applied For  
Not Applicable

Zip 28209 Country Mexico

Zip Country

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

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	F98000002299
NAME	ART FLORIDA PARTNERS II, INC.
STREET ADDRESS	1800 VALLEY VIEW LANE, #300
CITY-ST-ZIP	DALLAS TX 75234
DOCUMENT #	F21524
NAME	INVESTORS GENERAL, INC.
STREET ADDRESS	1226 COMMERCE STREET, SUITE 300
CITY-ST-ZIP	DALLAS, TX 75202-4328
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600018446166
CITY-ST-ZIP	05/07/03--01026--008 **193.75
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-03 704-523-0456

Date Daytime Phone #

CR2E003 (10/02)