2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000004370

1. Entity Name

GRAPEVIEW NORTHLAKE LLC



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90052 012 ****50.00

Principal Place											
T III DIPATEIA	ce of Busines	SS .	Mailing Address								
C/O BOOSE CASEY CIKLIN ETAL 515 NORTH FLAGLER DR 19TH FLOOR WEST PALM BEACH FL 33401			C/O BOOSE CASEY C 515 NORTH FLAGLER	C/O BOOSE CASEY CIKLIN ETAL 515 NORTH FLAGLER DR 19TH FLOOR WEST PALM BEACH FL 33401							
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			4. FEI Number 65-1010040 Applied For Not Applied by				
Zip		Country	Zip	Coun	try	5. Certificate of	f Status Desired		\$5.00 Ad Fee Require	lditional	
	6. Name	and Address of Curren	t Registered Agent			7. Name and A	Address of New				
					Name						
ELMORE, GEORGE T 2350 SOUTH CONDRESS AVE DELRAY BEACH FL 33445					Street Address (P.O. Box Number is Not Acceptable)						
DEL	LKAT BEAU	n FL 33445									
					City			FL	Zip Coc	de	
B. The above the obligat	named entit	y submits this statement for tered agent.	or the purpose of changing	g its registere	ed office or regis	stered agent, or both	in the State of F	lorida. I am fa	ımiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	t and title if applicable.	(NOTE: Registered	1 Agent signature reg	uired when reinstating)		DATE		<u> </u>	
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			Make Check Pay	able to Fid	FEE IS \$50.0 orida Departr ay 1, 2003	- 1					
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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 managing member or manager of the limited liability company or the poceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: