2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001366 1. Entity Name 00 APR 26 PM 1: 42" GRAND VIEW GARDEN HOMES, L.C. SECRETARY OF STATE MULAHASSEE, FLORIDA Principal Place of Business Mailing Address 283 SABAL PALM TERRACE 283 SABAL PALM TERRACE **BOCA RATON FL 33432** BOCA RATON FL 33432-7432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MOM 4. FEI Number Applied For City & State City & State 65-0804835 Not Applicable Ζip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAVENHORST, PAUL S ESQ. Street Address (P.O. Box Number is Not Acceptable) 283 SABAL PALM TERRACE **BOCA RATON FL 33432** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. CR2E083 (9/99) MGRM Addition TITLE Change ☐ Delete TITLE GRAVENHORST, PAUL S NAME NAME 283 SABAL PALM TERRACE STREET ADDRESS RYREST ADDRESS 700003245947-**BOCA RATON FL 33432** CITY - ST - ZIP CITY- 27-71P -05/09/00--01h3/mine-028 Addition TITLE ☐ Deteta TITLE *****50.00 *****50.00 NAME NAME STREET ADDRESS STREET ACOSESS CCTY- 8T- ZCP CITY- ST- ZIP ☐ Defete TITLE Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-81-ZIP ☐ Change Addition | TITLE TITES Delete MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITL (ii) Delete NAME STREET ADDRESS STREET ADDRESS CITE-8T-ZIP CITY-ST-ZIP 11. 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 managing member or manager of the

company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

APPROVED*