

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91213 020 ****50.00

DOCUMENT # M00000000523

1. Entity Name

GRACE EQUITY PARTNERS, LLC

Principal Place of Business

**200 SOUTH ORANGE AVENUE, SUITE 1850
SUNTRUST CENTER
ORLANDO FL 32801**

Mailing Address

**200 SOUTH ORANGE AVENUE, SUITE 1850
SUNTRUST CENTER
ORLANDO FL 32801**

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

52-2224529

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
GRACE, EDWARD P III
5091 ISLEWORTH COUNTRY CLUB DR
WINDERMERE FL 34786** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
SYLVIA KIRKLAND
3373 SOUTH KIRKMAN RD APT #920
ORLANDO FL 32811** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
COLLINS, STEVEN A
9498 WICKHAM WAY
ORLANDO FL 32836** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
THOMAS MATLACK
362 COMMONWEALTH AVE
BOSTON MA 02115-2157** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
GOMEZ, JULIE
285 INDEPENDENCE RD
CONCORD MA 01742** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
GREEN, JUDSON
9200 POINT CYPRESS DR
ORLANDO FL 32836** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
HELLER, MICHAEL
6413 STONEHURST CIRCLE
LAKE WORTH FL 33467** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
LEVINE, EDWARD
29 DROWNE PARKWAY
RUMFORD RI 02916** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)