2000 UNIFORM BUSINESS REPORT (UBR)

B. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE SIGNATURE MARIA GRIEVE, DAVID SAN FRANCISCO CA 94111 Debts TITLE MARIE STREET AGREES GITH- 8-79 TITLE MARIE STREET AGREES GITH- 8-7	DOCUMENT # M9900001503 1. Entity Name GMP PIER JENSEN BEACH, LLC						FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS				
Suite, Apt. #, etc. City & Stato City & Stato of Now Registered Agent City & Stato	1504 #8 MAIN STREET 1504 #8 MAIN STREET)	##187	
City & State Country A. FEI Number Applied FOR Net Applied For Net Acceptable Store Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent City FL Zio Code City FL Zio 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 Species Nove to purpose the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Species Nove to purpose the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Species Nove to purpose agent acc to a registered agent agent acceptable of agent acceptable of agent agent acceptable of agent acceptable of agent acceptable of agent	Principal Place of Business 3. Mailing Address			-	- /-	-					
Zip Country Zip Country S. Certificate of Status Desired S.	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
S. Denor and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code City	City & State	9	City & State			APPLIED FOR Not Applicable					
C T CORPORATION SYSTEM	Zip	Country Zip Cou		Coun	try			Desired [
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 acts that it approaches POTE Programmed Agent alignature required agent are trace of agent age		6. Name and Address of Current									
SIGNATURE Signature, typed or printed name of registered agent and toe if applicable. (NOTE Registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and toe if applicable. (NOTE Registered Agent signature required when reproducing) Make Chieck Payable to, Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS / CHANGES 9. MANAGING MEMBERS / MEMBERS 9. MANAGING MEMBERS / MEMBERS / MEMBERS 9. MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS 9. MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS 9. MANAGING MEMBERS / MEMBERS / MANAGING MEMBERS 9. MANAGING MEMBERS / MANAGING MEMBERS / MANAGING MANAGI	1200 SOU	Street Address (P.O. Box Number is Not Acceptable)									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and toe if applicable. (NOTE, Registered Agent algoritance when reinstating) DATE	PLANIATION FL 33324				City FI Zip Code						
Signature. Typed of printed name of registered Agent and tale of applicable. (NOTE Registered Agent segments required when noinstating) FILE NOW!II. FEE-IS-SSO_00 Make Chack Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES ITTILE MGRM GRIEVE, DAVID SOO WASHINGTON, #700 SAN FRANCISCO CA 94111 ITTILE											
Make Check Payable to Department of State 9.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS / CHANGES TITLE MGRM GRIEVE, DAVID STREET ADDRESS STREET ADDRESS 500 WASHINGTON, \$700 STREET ADDRESS CITY-ST-ZIP GRIEVE, DAVID GRIEVE, DAVID GRIEVE, DAVID SAN FRANCISCO CA 94111 GRIEVE, DAVID GRIEVE, DAVID GRIEVE, DAVID STREET ADDRESS GRIEVE, DAVID GRIEVE, DAVID GRIEVE, DAVID STREET ADDRESS GRIEVE, DAVID GRIEVE, DAVID STREET ADDRESS GRIV-ST-ZIP TITLE GRIEVE, DAVID GRIV-ST-ZIP TITLE GRIEVE, DAVID GRIV-ST-ZIP TITLE GRIVEN ADDRESS GRIV-ST-ZIP TITLE GRIVEN ADDRESS GRIV-ST-ZIP TITLE GRIVEN ADDRESS GRIV-ST-ZIP TITLE GRIVEN ADDRESS GRIV-ST-ZIP TITLE GRIV-ST-ZIP TITLE GRIVEN ADDRESS GRIV-ST-ZIP TITLE GRIV-ST-ZIP GRIV-ST-ZIP TITLE GRIVEN ADDRESS G	FILE NOW!!LFEE.IS \$50,00										
TITLE MARKE STREET ADDRESS CITY-ST-ZIP CONSIDERATE CITY-ST-ZIP CIT		•	Make Check Pay	/able to	o-Department of	f State					
MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADD				_						Addition	
### ### #### #########################	NAME STREET ADDRESS	GRIEVE, DAVID 500 WASHINGTON, #700	L) (Jesus	MAM STRE	ET ADDRESS	_	mf:	3/21/0	5 0		
MAME STREET ADDRESS CITY-ST-ZIP TITLE Desirte NAME STREET ADDRESS CITY-ST-ZIP TITLE ORDING STREET ADDRESS ORTING ST	NAME STREET ADDRESS		☐ Delata	NAM STRE	ET ADDRESS	`	****	03/29/00	37669)01005	-015	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME TITLE NAME TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ACORESS		☐ Delots	NAM STRE	E ET ADORESS			_	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITYE Defects TITLE NAME	NAME STREET ADDRESS		☐ Delote	NAM STRE	E ET ADDRESS				☐ Change	Addition	
NAME	NAME STREET ADDRESS		☐ Deluta	NAM STRE	E ET ADDRESS			-	Changa	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	NAM STRE CITY	E ET ADORE#8 -81-ZIP					Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 true empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:											