

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000001503

1. Entity Name

GMP PIER JENSEN BEACH, LLC

01 MAY -7 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1504 #8 MAIN STREET
GARDNERVILLE NV 89410

Mailing Address

1504 #8 MAIN STREET
GARDNERVILLE NV 89410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o A & C VENTURES, PMB 113 c/o A & C VENTURES, INC, PMB 113
Suite, Apt. #, etc. Suite, Apt. #, etc.

3915 S. CARSON ST. 3915 S. CARSON ST.
City & State City & State

CARSON CITY NV CARSON CITY NV

Zip Country Zip Country
89701-5528 89701-5528

4. FEI Number 94-3340519 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GRIEVE, DAVID
STREET ADDRESS 500 WASHINGTON, #700
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 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 #

4/30/01 715-788-3500