## 2002 UNIFORM BUSINESS REPORT (UBR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

SIGNATURE:

2002	ONIFORM BOS	NESS REPO		(ODIT)	_			- 5
DOCUMENT # A19828  1. Entity Name						FILED		
GATEWAY PLAZA, LTD.					02	FEB 18 PM 4: 03		
Principal Place of Business Mailing Address  1201 S. ORLANDO AVE. 1201 S. ORLANDO AVE SU WINTER PARK FL 32789 WINTER PARK FL 32789				370	SEC TALL	RETARY OF STATE AHASSEE, FLORIDA	<i>†</i>	
WINIER PARI	N FL 32/09	WINTER FARK FL 32/09			 	Yada yirin irini irina yinda indi didik bi	IN DIAN ANDIK BIRKI BIRKI KARI	
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				. DUE		DUE BY MAY 1, 200	E BY MAY 1, 2002	
City & State City & State				4. FEI Number 59-2527597		Applied For Not Applicable	<b>_</b>	
Zip	Country	Zip	Coun	ntry			68.75 Additional ee Required	1
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New Registered A	gent	٦٠
				Name		<u> </u>		7
COLADO, GUY D. 1201 S: ORLANDO AVE.				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 37				1				7
	PARK FL 32789			City		<b></b>	Zip Code	4
						FL		4
8. The above	named entity submits this statement fo	r the purpose of changing its i	register	ed office or registe	red agent, or both	, in the State of Florida.		{
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.				DATE		
9. Capital Contributions as Shown on record.  \$1,548,631.00						11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	FEE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN	TITY M	NUST BE REGIS	TERED AND A	CTIVE WITH THIS OFFICE I to change a general part	ner.	
12.	☐ GENERAL PARTNER		13.			ADDRESS CHANGES ONL		٫ ا
DOCUMENT #	G92553		STRE	EET ADDRESS				2
NAME STREET ADORESS CITY-ST-ZIP	NBOC, INC. 1201 S. ORLANDO AVE., SUITE 370 WINTER PARK FL 32789			/-ST-ZiP				CD0E0C0 (C.74)
DOCUMENT / NAME			STRE	EET ADDRESS				7
STREET ADDRESS CITY-ST-ZIP		e a Marine	CITY	/-ST-ZIP	مست بهایا و حد	e e e e e e e e e e e e e e e e e e e	-	].
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STREET ADDRESS CITY-ST-ZIP	,	•	CITY	r-ST-ZIP			<u> </u>	<u>.</u>
DO CIMENT #			STRI	EET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have t	the exe	emption stated in Si e legal effect as if i	ection 119.07(3)(i) made under oath;	, Florida Statutes. I further certi that I am a General Partner of t	fy that the information he limited partnership o	эr

272-02 Date

\_\_\_\_\_407-\_629-495-4 Daytime Phone #