

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32967**

1. Entity Name
GULL HOUSE LIMITED NO. 7



Principal Place of Business
**150 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134**

Mailing Address
**150 ALHAMBRA CIRCLE, SUITE 800
CORAL GABLES FL 33134**

FILED
03 MAY -9 AM 9:43
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0333497	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
S & K PROPERTY MANAGEMENT INC 150 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES FL 33134		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$730,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # S99684	INVESTMENTS OF AMERICA NO. 1, INC. 150 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES FL 33134	STREET ADDRESS	
NAME		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	300018685683
NAME		CITY - ST - ZIP	05/09/03--01097--036 **535.00
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/23/03** **305 476-0985**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0001613 AV

CR2E003 (10/02)

STAPLE CHECK HERE