

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001638 AV

DOCUMENT # A32968



1. Entity Name
GULL HOUSE LIMITED NO. 8

FILED

03 MAY -9 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0333499**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

S & K PROPERTY MANAGMENT 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. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME	INVESTMENTS OF AMERICA NO. 1, INC.
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 800
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	800018685558
CITY-ST-ZIP	05/09/03--01097--028 **535.00
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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** *[Signature]* **Partner** 04/23/03 305-476-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)