2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 29 PM 6:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # A98000001113

1. Entity Name
GALI, LTD

Principal Place of Business
1111 LINCOLN ROAD. SUITE #810
MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN ROAD. SUITE #810
MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address
355 Washington Ave	1680 Michigan Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Ste 1104
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: Dade	Zip: 33139 Country: Dade

DUE BY MAY 1, 2003

4. FEI Number 65-0848424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASSERMAN, MARTIN W
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: Lazaro Martinez
Street Address (P.O. Box Number is Not Acceptable): 1680 Michigan Ave
Ste 1104
City: Miami Beach FL Zip Code 33139

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 Lazaro E. Martinez 4/21/03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $70,000.00

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 #	P98000040220	STREET ADDRESS	1680 Michigan Avenue, Ste 1104
NAME	OPIE, INC.		
STREET ADDRESS	1111 LINCOLN ROAD, SUITE #810	CITY-ST-ZIP	Miami Beach, FL 33139
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	400017319974 04/29/03--01070--007 **526.25
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DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		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 REQUIRED Lazaro E. Martinez 4/21/03 305-534-8734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)