2000	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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2000 UNIFORM BUS	INESS REPURI	I (UBK)			
DOCUMENT # A9900  1. Entity Name  GPR INVESTMENTS, LTD.	00000530	SECRETARY OF STATE DIVISION OF CORPORATIONS			
GIA HAVESTREATO, CID.	•				
Principal Place of Business	Marking Address				
8225 N.W. 80TH STREET MIAMI FL 33186	Mailing Address 8225 N.W. 80TH STREET MIAMI IFL 33166-2160				
2. Principal Place of Business	3. Mailing Address	( ; gala)) (als (all) land asid sold sold sold sold sold sold sold sol			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE			
City & State City & State		4. FEI Number Applied For Not Applicable			
Zip Country		5. Certificate of Status Desired  Fee Required Fee Required			
€ 100 394 € 106. Name and Address of Curren	t Registered Agent	7. Name and Address of New Registered Agent Name			
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125		Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33146					
CORAL CADELO I E COTAC		City FL Zip Code			
8. The above named entity submits this statement f	or the purpose of changing its regist	tered office or registered agent, or both, in the State of Florida.			
SIGNATURE Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regist	stered Agent signature required when reinstating)  DATE			
9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Con in FLORIDA to date.	SEE REVERSE SIDE FOR FEE INFORMATION			
MARK A LD . LI	THAT IS A BUSINESS ENTITY AY NOT be changed on the for	MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. rm; an amendment must be filed to change a general partner.			
12. GENERAL PARTNE		13. ADDRESS CHANGES ONLY			
DOCUMENT# P99000025580 NAME RIOS REALTY, INC.	s	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186	C	CITY-ST-ZIP nl2/29/00			
DOCUMENT # NAME	s	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	G	CITY-ST-ZIP			
DOCUMENT# NAME	s	STRET ADDRESS 8000031560180 -03/03/0001020007			
STREET ADDRESS CITY-ST-ZIP	C	****526.25 ****526.25			
DOCUMENT # , NAME	s	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	C	CITY-ST-ZIP			
DOCUMENT ≠ NAME	s	STREET ADDRESS			
STREET ADDRESS CITY- ST- ZIP	,	CITY-ST-ZIP			
DOCUMENT #	s	STREET ADDRESS			
STREET ADDRESS CITY- ST- ZIP	C	CITY-ST-ZIP			
14. I hereby certify that the information supplied wit indicated on this report is true and accurate and the receiver or trustee empowered to execute the	d that my signature shall have the sai	exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am a General Partner of the limited partnership or 0, Florida Statutes			
SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING GENERAL PARTNER PRESIDENT Date Destine Phone #					
/ 117	- X7 K105	FKOSJUEN			