## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMÊNT# A9900000530

1. Entity Name

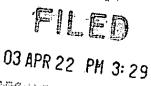
GPR INVESTMENTS, LTD.



Principal Place of Business 12940 NW 107 COURT MIAMI FL 33178

Mailing 12940 N MIAM) I

Address W 107 COURT L 33178	





			•			<b>                                    </b>	
2. Principal Place of Busin	ness	3. Mailing Addres	S			( <b>8/8) 6/166</b> (/11) 88// 1881	
Suite, Apt. #, etc.	·	Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & State		City & State	· -	4.	FEI Number <b>32-0003010</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5.		. <b>75</b> Additional Required	
6. Name and Address of Current Registered Agent		7.	7. Name and Address of New Registered Agent				
ATRIUM REGISTERED	The Commercial	-		ame	Box Number is Not Acceptable)		
1500 SAN REMO AVE	E., Suite 125		.   3	reet Address (F.O.,E	Jox Number is Not Acceptable)	<del></del>	
CORAL GABLES FL 3	33146						
•			C	ty	FL	Zip Code	
8. The above named entity the obligations of registr		or the purpose of chan	nging its registered of	fice or registered ag	gent, or both, in the State of Florida. I am famil	liar with, and accept	
SIGNATURE Signature, typed	or printed name of registered agent	and title if applicable.			DATE		
Capital Contributions     as Shown on record.	\$500,000.00		of Capital Contributio IDA to date.	ns ·		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A ( NOTE	GENERAL PARTNER 1 : General Partners M	THAT IS A BUSINE AY NOT be change	SS ENTITY MUST d on the form; ar	BE REGISTERE amendment mu	ED AND ACTIVE WITH THIS OFFICE. st be filed to change a general partner	r.	
12	GENERAL PARTNE	RINFORMATION	13.		ADDRESS CHANGES ONLY		

12.	2. GENERAL PARTNER INFORMATION		ADDRESS CHANGES ONLY
NAME R	99000025580 IOS REALTY, INC. 2950 NW 107 CT.	STREET ADDRESS  CITY-ST-ZIP	<del>400012705744</del> 04/22/0301032027 **376.25
DOCUMENT # NAME	IIAMI FL 33178	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	·	CITY-ST-ZIP	400012705744 02/18/0301059012 **150.00
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT NAME	-	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	·	C/TY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<u>-</u>
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 plongs Statutes

SIGNATURE: