

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001726

1. Entity Name

GS, LTD.



FILED

2003 JUL 22 PM 3:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16030 US 27 SOUTH

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 851

Suite, Apt. #, etc.

City & State
LAKE WALES, FL

City & State
BABSON PARK, FL

Zip
33859

Country
USA

Zip
33827

Country
USA

4. FEI Number
14-1863528

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KYLE R. STORY

Street Address (P.O. Box Number is Not Acceptable)
4916 FLEETWOOD STREET

City LAKE WALES FL Zip Code 33859

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 Kyle R. Story KYLE R. STORY GENERAL PARTNER

3-18-03

DATE

9. Capital Contributions
as Shown on record. 14,268

10. Amount of Capital Contributions
in FLORIDA to date. 142689

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

DOCUMENT #
NAME KYLE R. STORY
STREET ADDRESS 4916 FLEETWOOD STREET
CITY-ST-ZIP LAKE WALES, FL 33859

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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: Kyle R. Story KYLE R. STORY GENERAL PARTNER

3-18-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)