2001 UNIFORM BUSINESS REPORT (UBR)

000044 AF

DOCUMENT # A00000000133

1. Entity Name

GILMORE STREET INVESTORS, LTD.

FILED
01 MAY -4 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~601 RIVERSIDE AVENUE, BLDG. II, STE. 650~~ JACKSONVILLE FL 32204	~~601 RIVERSIDE AVENUE, BLDG. II, STE. 650~~ JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

8/4 MJH

2. Principal Place of Business	3. Mailing Address
729 POST STREET	729 POST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3623247 ☐ 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
WE'RE MOVING Effective Feb. 12, 2001 Skyline Realty Services, Inc. 729 Post Street Jacksonville, Florida 32204	Name
SHAW, R. LAMAR JR. ~~601 RIVERSIDE AVENUE, BLDG. II, STE. 650~~ JACKSONVILLE FL 32204	Street Address (P.O. Box Number is Not Acceptable) 729 POST STREET
	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00	800,100.	

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 #	P94000076798	STREET ADDRESS	729 POST STREET
NAME	SKYLINE REALTY SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	~~601 RIVERSIDE AVENUE, BLDG. II, STE. 650~~		
CITY-ST-ZIP	JACKSONVILLE FL 32204		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			FF $526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300004314583--5
STREET ADDRESS			-05/24/01--01015--025
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 1/25/01 (904)358-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #