

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000210 AT

DOCUMENT # A00000000133

1. Entity Name
GILMORE STREET INVESTORS, LTD.



FILED

03 APR 16 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
729 POST STREET
JACKSONVILLE FL 32204

Mailing Address
729 POST STREET
JACKSONVILLE FL 32204

2. Principal Place of Business
751 Oak Street

3. Mailing Address
751 Oak Street

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32204 Duval

Zip Country
32204 Duval

DUE BY MAY 1, 2003

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

SHAW, R. LAMAR JR.
729 POST STREET
JACKSONVILLE FL 32204

Name
Street Address (P.O. Box Number is Not Acceptable)
751 Oak Street
Suite 600
City Jacksonville FL Zip Code 32204

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
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$800,000.00

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 # P94000076798
NAME SKYLINE REALTY SERVICES, INC.
STREET ADDRESS 729 POST STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

STREET ADDRESS 751 Oak Street St#600
CITY-ST-ZIP Jacksonville, FL 32204

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/03 904-358-0900

Date Daytime Phone #

CR2E003 (10/02)