

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001002

1. Entity Name
GAM INVESTMENTS, LTD.



Principal Place of Business
7395 SW 154 TERRACE
MIAMI FL 33157

Mailing Address
7395 SW 154 TERRACE
MIAMI FL 33157

FILED
03 MAR 24 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

5871 Glen Ridge DR NE

3. Mailing Address

P.O. Box 56-5335

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

Atlanta, GA

City & State

Pine Crest, FLA

4. FEI Number

01-0738964

Applied For

Not Applicable

Zip

Country

30328

U.S.

Zip

Country

33256

U.S.

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

M & W AGENTS, INC.

2101 CORPORATE BLVD., SUITE 107

BOCA RATON FL 33431

Name

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

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. 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.

\$10,000,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

GAM HOLDINGS, LLC
7395 SW 154 TERRACE
MIAMI FL 33157

L02UWU18448

STREET ADDRESS

P.O. Box 56-5335

CITY-ST-ZIP

Pine Crest, Florida 33256

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

100013146231

CITY-ST-ZIP

03/25/03--01001--003 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

100013146231

CITY-ST-ZIP

02/26/03--01077--003 **437.50

DOCUMENT #
NAME
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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: BSICDATHRE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/03

Date

828-506-2237

Daytime Phone #

0010372 AT

CR2E003 (10/02)