

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUN -3 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A12082

GMI ASSOCIATES LIMITED

97-AR  
CWS

Mailing Address

Principal Office Address

HOLD THYSSEN INC.  
1230 Hillcrest St. Suite 105  
Orlando, FL 32803

HOLD THYSSEN INC.  
1230 Hillcrest St. #105  
Orlando, FL 32803

3. Date Formed or Registered  
2/9/1982

5a. Capital Contributions as  
Shown on record  
\$158,746.00

3a. Date of Last Report  
11/13/95

5b. Amount of Capital  
Contributions in FLORIDA  
to date:  
\$158,746.00

4. State or Country of Formation  
FL

6. FEI Number  
59-2214503  
☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired  
☒ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

HOLD, BOB  
HOLD THYSSEN INC.  
1230 Hillcrest ST. Suite 105  
Orlando, FL 32803

Name  
Hold, Bob

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

1230 Hillcrest St.

Suite, Apt. #, etc.  
105

City  
Orlando,

FL Zip Code  
32803

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

4/7/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

Idelberger, Gert

1230 Hillcrest St.  
Suite 105  
Orlando FL 32803

Orlando, FL 32803

900002202409--6  
-06/05/97--01017--003  
\*\*\*\*\*585.00 \*\*\*\*\*585.00

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Robert P. Hold,

Gert Idelberger, GMI Assoc.

DATE

4/7/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407 896 0800

CR2E003 (6/96)