

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A12213

1. Entity Name
GLOKIM INVESTORS LIMITED PARTNERSHIP

FILED

02 MAY 16 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2901. B JULIA ST.
TAMPA FL 33629

Mailing Address
1031 W. MORSE BLVD., STE. 333
WINTER PARK FL 32789



2. Principal Place of Business
1031 W. Morse Blvd.
Suite, Apt. #, etc.
Suite 333
City & State
Winter Park FL
Zip
32789 Country
V.G.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-2194751** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
EVANS, E. KIM
1031 W. MORSE
STE. 333
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
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.

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

9. Capital Contributions as Shown on record. **\$8,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	EVANS, E. KIM	STREET ADDRESS	
NAME	1031 W. MORSE, STE. 333	CITY-ST-ZIP	
STREET ADDRESS	WINTER PARK FL 32789		
CITY-ST-ZIP			
DOCUMENT #	LOUDERMILK, ALTON C	STREET ADDRESS	
NAME	455 MELROSE AVE.	CITY-ST-ZIP	
STREET ADDRESS	WINTER PARK FL 32789		
CITY-ST-ZIP			
DOCUMENT #	WINSLOW, ROBERT M	STREET ADDRESS	
NAME	936 LAKE ADAIR BLVD. SOUTH	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO FL 32804		
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			

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***144.75 ***141.25

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: *Robert Winslow* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *4-15-02* Daytime Phone #: *407 647-7577*

CR2E003 (9/01)