

2001 UNIFORM BUSINESS REPORT (UBR)

0003967 AF

DOCUMENT # **A32345**

1. Entity Name
GULL HOUSE LIMITED NO. 2

FILED

01 APR 27 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/27



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business Mailing Address
1717 N. BAYSHORE DRIVE, SUITE 208 1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132 MIAMI FL 33132

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0300428 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

S & K PROPERTY MANAGEMENT, INC.
1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132

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. (NOT Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$98,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$200,000.00 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 # **S99684**
NAME **INVESTMENTS OF AMERICA NO. 1, INC.**
STREET ADDRESS **1717 N. BAYSHORE DRIVE, SUITE 208**
CITY-ST-ZIP **MIAMI FL 33132**

STREET ADDRESS
100004191891--2
CITY-ST-ZIP **-05/09/01--01132--021**
*******526.25 *****526.25**

DOCUMENT #
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100004191891--2
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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]* **President**

Date **4/25/01** Daytime Phone # **305 577-3885**

CR2E003 (11/00)