

# 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 <b>1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132</b>	Mailing Address <b>1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0300428**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. (NONE) 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**

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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)