

2002 UNIFORM BUSINESS REPORT (UBR)

1009816 AT

FILED

02 APR 30 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA **NJH**



DOCUMENT # A32345
1. Entity Name
GULL HOUSE LIMITED NO. 2

Principal Place of Business 1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132	Mailing Address 1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132
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2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. Suite 800 City & State Coral Gables, FL Zip 33134	3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. Suite 800 City & State Coral Gables, FL Zip 33134	Country USA
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DUE BY MAY 1, 2002

4. FEI Number 65-0300428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
S & K PROPERTY MANAGEMENT, INC.
1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132

7. Name and Address of New Registered Agent
Name
S & K Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle, Suite 800
City
Coral Gables FL Zip Code
33134

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: *Lidia Cartaya* **LIDIA CARTAYA, VP** DATE: **04/29/02**

9. Capital Contributions as Shown on record. **\$200,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S99684 INVESTMENTS OF AMERICA NO. 1, INC. 1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	150 Alhambra Circle, Suite 800
CITY-ST-ZIP	Coral Gables, FL 33134
STREET ADDRESS	
CITY-ST-ZIP	000005509700--0 -05/14/02--01071--030 *****8.75 *****8.75
STREET ADDRESS	
CITY-ST-ZIP	000005509700--0 -05/14/02--01071--029 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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: *Lidia Cartaya* **LIDIA CARTAYA, VP** DATE: **04/29/02** (305) 476-0955

STAPLE CHECK HERE

CR2E003 (9/01)