


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001707 AV

**DOCUMENT # A32345**

1. Entity Name  
**GULL HOUSE LIMITED NO. 2**



FILED

03 MAY -9 AM 9:44

Principal Place of Business  
**150 ALHAMBRA CIRCLE, SUITE 800  
CORAL GABLES FL 33134**

Mailing Address  
**150 ALHAMBRA CIRCLE, SUITE 800  
CORAL GABLES FL 33134**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

**S & K PROPERTY MANAGEMENT, INC.  
150 ALHAMBRA CIRCLE, SUITE 800  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. <b>\$200,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>S99684</b>	STREET ADDRESS	
NAME	<b>INVESTMENTS OF AMERICA NO. 1, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>150 ALHAMBRA CIRCLE, SUITE 800</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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05/03/03--01097--038 \*\*\$35.00

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]* **SIGNATURE REQUIRED** *[Signature]* **4/23/03** **305 476-0955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE