

2002 UNIFORM BUSINESS REPORT (UBR)

0001410 AV

DOCUMENT # **A32965**

1. Entity Name
GULL HOUSE LIMITED NO. 5

FILED

02 FEB 13 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3200 PONCE DE LEON BLVD. 2ND FLOOR CORAL GABLES FL 33134	Mailing Address 3200 PONCE DE LEON BLVD. 2ND FLOOR CORAL GABLES FL 33134
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2. Principal Place of Business 7305 SW 107 Ave	3. Mailing Address 7305 SW 107 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State Miami FL	City & State Miami FL	4. FEI Number 65-0333487	Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>

Zip 33173	Country	Zip 33173	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VALLE, JOSE DR.
3200 PONCE DE LEON BLVD., 2ND FLOOR
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name Jose Valle
Street Address (P.O. Box Number is Not Acceptable) 7305 SW 107 Ave
City Miami FL Zip Code 33173

B. 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 **Jose Valle** DATE **1-29-02**

9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT # P94000045966
NAME VALLE FAMILY PROPERTIES, INC.
STREET ADDRESS 3200 PONCE DE LEON BLVD., 2ND FLOOR
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	800005023438--6
STREET ADDRESS	-02/27/02--01023--012
CITY-ST-ZIP	****535.00 ****535.00

DOCUMENT #
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CITY-ST-ZIP

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DOCUMENT #
NAME
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: **SIGNATURE REQUIRED Jose Valle** DATE **1-29-02** DAYTIME PHONE # **305 447-1194**

CR2E003 (9/01)