(305) 854-P4040 0 **

3/31/00

DOCUMENT # A32967 1. Entity Name					the hall before and		
GULL HOUSE LIMITED NO. 7					FILED		
Principal Place of Business 2300 CORAL WAY SUITE 200. CANTELOP BLDG MIAMI FL 33145 MIAMI FL 33145 Miami FL 33145-3511		PLOG		00 APR 18 AM 9: 20 SECRETARY OF STATE			
2. Principal P	Place of Business	3. Mailing Address			-		
1717 N. Bayshore Drive Suite, Apt. #, etc.		1717 N. Bayshore Drive Suite, Apt. #, etc.		e Drive	DO NOT WRITE IN THIS SPACE		
Suite 208 City & State		Suite 208 City & State	City & State		4. FEI Number 65-0333497 Applied For Not Applied For		
Miami, Florida		Miami, Flo			¢0.75		
33 <u>132</u>	USA	33132	l us	<u> </u>	5. Certificate of Status Desired Fee Required	_	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	\dashv	
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY, CANTELOP BLDG, STE-200					S & K PROPERTY MANAGEMENT INC. ddress (P.O. Box Number is Not Acceptable) 1717 No. BAYSHORE DRIVE		
(MIAMI FL 33145							
			i	City	SUITE 208 MIAMI FL Zip Code 33132		
8. The above	named entity submits this statement for	or the purpose of changing	its registere	ed office or register	red agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered author	and title if applicable (N	LIDIA	CARTAYA . V	VICE-PRES. 3-31-00 d when reinstating) DATE		
9. Capital Contributions as Shown on record. \$450,000.00 In FLORIDA to date					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER NOTE: General Partners M	PHAT IS A BUSINESS E AY NOT be changed on	ENTITY M	UST BE REGIS ; an amendmer	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION S99684				ADDRESS CHANGES ONLY	_ 	
DOCUMENT# NAME STREET ADDRESS	INVESTMENTS OF AMERICA NO. 1, INC. 2300 CORAL WAY, CANTELOP BLDG., STE. 200				1717 No. BAYSHORE DRIVE, SUITE # 208	CR2E003 (9/99)	
CITY-ST-ZIP	MIAMI FL 33145		GHY	-ST-ZIP · N	MIAMI, FL 33132	72E(
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STREET ADDRESS			спу	- ST - ZIP	****526.25 ****526.25		
DOCUMENT# NAME			STRE	ET ADDRESS			
STREET ADDRESS			слу	-ST-ZIP	0000032254104 		
DOCUMENT #			STRE	ET ADDRESS	*****8.75 *****8.75		
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP			
DOCUMENT# NAME			STRE	ET ADDRESS			
STREET ADDRESS CTT.: ST-ZEP			СПҮ	- ST - ZIP			
			STRE	ET ADDRESS			
ST-ZIP	·		<u> </u>	-ST-2IP	dec		
i4. I hereby of indicated the receiv	l on this report is true and accurate and ver or trustee empowered to execute th	n this filling does not qualify I that my signature shall ha is report as required by Ch	ve the same apter 620, f	e legal effect as if r Florida Statutes B`	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership Y LIDIA CARTAYA, VICE-PRESIDENT OF FNERAL PARTNERSHIP	or	