CR2E003 (11/00)

2001	UNIF	ORM BUS	INESS REPC	RT (	(UBF	R)		,			
DOCUMENT # A9300000717  1. Entity Name											
GHA VICTORIA, LTD.					FII	LE	<b>)</b>				
Principal Place	of Business		Mailing Address	01	MAY -	-1 1	PM 12: 01				
2121 GRAND HARBOR BLVD. VERO BEACH FL 32967			2121 Grand Harbor BL/I VERO BEACH FL 32967			-	STATE LORIDA				
2. Principal Place of Business			3. Mailing Address						Colto oblit do		)) (1811 <b>/88</b> 1 1884
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number	59-3212249			Applied For Not Applicable
Zip	Country		Zip	Country			5. Certificate of		<u> </u>	<b>\$8.75</b> A Fee Requi	
	6. Name a	and Address of Current	Registered Agent		Name		7. Name and Ad	Idress of New Re	gistered A	igent	
PETER J. HENN, BORAED V 2121 GRAND HARBOR BLVD.					Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Orange Harbor Boulevard						
VERO BEACH FL 32967					City ()Ca	h <b>e</b>	xach		FL	70°C	9de 7
8. The above na	amed entity	submits this statement for	r the purpose of changing its r	egistered				n the State of Flor	ida.		<u> </u>
SIGNATURE			PETEI:			4/	XSOI when reinstating)	-	DATE		
9. Capital Contributions 10. Amount of Capit d						a radulios		11. MAKE CHECK	K PAYABLE		
as Shown on	A G	ENERAL PARTNER T	ITY MU	ST BE R	EGIST	ERED AND ACT	SEE REVERS	OFFICE		numatíňu i	
NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION								ADDRESS CHA			
NAME G		OPMENT, INC.		STREET	F ADDRESS						
CITY-ST-ZIP V		) Harbor Blvd. H FL 32967	······································	CITY-S	ST-ZIP		<del>600004221146</del> -			<u>50</u>	
DOCUMENT # NAME STREET ADDRESS					F ADDRESS	500004221146- -05/16/01 -0112402 ****237.50 ****237.				1237.50	
CITY-ST-ZIP				: CITY-S	ST-ZIP						
DOCUMENT / NAME				STREET	T ADDRESS						
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STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP		• • •				
DOCUMENT <b>#</b> NAM€				STREET	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP						
DOCUMANT # NAME '				STREET	ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP						
14. I hereby cer	tify that the	nformation supplied with	this filing does not qualify fo	he exem	ption state	d in Sec	ction 119.07(3)(i), F	lorida Statutes. I	further cert	ify 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 Chap er 620, Florida Statutes

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES