2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							APPROVEL A N D			
DOCUMENT # A940000145 1. Entity Name GBR GROUP, LTD.					/		02 APR 25 PM 12: 40			
							SECRETARY OF STATE TAULAHASSEE, FLORIDA			
Principal Place of Business 7610 HOLLYRIDGE ROAD JACKSONVILLE FL 32256 Mailing Address 7610 HOLLYRIDGE ROAD JACKSONVILLE FL 32256										
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.							DUE BY MAY 1, 2002			
City & State			City & State				4. FEI Number	59-3232329		Applied For Not Applicable
Zip	Coun	try	Zip	Count	try	मॅंडल्ड ⊹.	_ 5. Certificate of	f Status Desired	\$6	8.75 Additional
	6. Name and Ad	dress of Current Re	gistered Agent				7. Name and A	ddress of New Regist	tered Ag	ent
BASSO, RAYMOND P 7610 HOLLYRIDGE ROAD JACKSONVILLE FL 32256					Name					
					Street A	ddress (F	s (P.O. Box Number is Not Acceptable)			
					City				FL	Zip Code
R The above	named entity submit	e this statement for th	ne purpose of changing its	registers	nd office or	regietore	ad agent, or both	in the State of Florida		
CICNATI IDE	Signature, typed or printed r			- Cgistore	ou onice of	registere	ed agent, or bolis,		DATE	
9. Capital Contributions as Shown on record. \$10,000,000.00 10. Amount of Capital in FLORIDA to date					outions			11. MAKE CHECK PA	YABLE T	O DEPT. OF STATE FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the								TIVE WITH THIS O	FFICE.	
12.	GI	NERAL PARTNER I	NFORMATION	13.				ADDRESS CHANGE	SONLY	
OCUMENT # P9400008359 NOSTRO, INC.					ET ADDRESS			naasaa	-a-e	
STREET ADDRESS CITY-ST-ZIP	7610 HOLLYRIDO JACKSONVILLE				-ST-ZIP		5000054193953 -05/02/0201017001 *****526.25 ******526.25			
DCUMENT # AME IREET ADDRESS					ET AODRESS		THE STATE OF THE S			The state of the s
CITY-ST-ZIP -	f-ST-ZIP				ST-ZIP	.	e e majoris persona e e	- Landerson		
DOCUMENT # NAME STREET ADDRESS				STREE	ET ADDRESS			P		<u>.</u>
CITY-ST-ZIP				CITY-	ST-ZiP					
VAMES STREET ADDRESS				STREE	ET ADDRESS			·		
∷TY-®T-ZIP				CITY-	ST-ZIP					
DOCUMENT # #AME STREET ADDRESS				STREE	ET ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
IAME STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					

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

DECLURATION P. BASSO ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 19, 2002

904/641-3793

Daytime Phone #

CR2E003 (9/01)