

2002 UNIFORM BUSINESS REPORT (UBR)

0009794 AT

DOCUMENT # **A94000000602**

1. Entity Name

GULL HOUSE LIMITED NO. 15

FILED

02 APR 30 PM 4:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
1717 NO. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132

Mailing Address
1717 NO. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132

2. Principal Place of Business
150 Alhambra Circle

3. Mailing Address
150 Alhambra Circle

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134 USA

Zip Country
33134 USA

DUE BY MAY 1, 2002

4. FEI Number **65-0333490**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

S & K PROPERTY MANAGEMENT INC
1717 NO. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132

Name
S & K Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 800
City
Coral Gables **FL** Zip Code
33134

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.

SIGNATURE *Lidia Cortaya* **04/29/02**
Signature, typed or printed name of registered agent and title if applicable. **LIDIA CORTAYA, VP**

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **S99684**
NAME **INVESTMENTS OF AMERICA NO. 1 INC.**
STREET ADDRESS **1717 N BAYSHORE DRIVE, SUITE 208**
CITY-ST-ZIP **MIAMI FL 33132**

STREET ADDRESS **150 Alhambra Circle, Suite 800**
CITY-ST-ZIP **Coral Gables, FL 33134**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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900005509599--7
05/14/02 01071 801
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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: *Lidia Cortaya*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/29/02 (305) 476-0955

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE