

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000626**

1. Entity Name  
**THE GSP INVESTMENT LIMITED PARTNERSHIP**

Principal Place of Business  
**OCEAN REEF CLUB  
8 ANGELFISH CAY  
KEY LARGO FL 33037**

Mailing Address  
**OCEAN REEF CLUB  
8 ANGELFISH CAY  
KEY LARGO FL 33037-5205**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**24 Dockside Lane  
Box 403  
Key Largo FL  
33037 FL**

Suite, Apt. #, etc.  
City & State  
Zip

6. Name and Address of Current Registered Agent  
**PETERSON, RENNO L ESQ.  
2 NORTH TAMiami TRAIL, SUITE 606  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$6,700,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **6,700,000.00**

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 #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
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CITY - ST - ZIP			CITY - ST - ZIP	

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 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 powered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

APPROVED AND FILED  
00 APR -3 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
my 4/13



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)