FILE ON QR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

GUS LTD.

1a. DOCUMENT # A9600000828

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 FEB 27 AM 9: 38



			<u> </u>			
Malling Address	Principal Office Address	······································	3. Date Formed or Registered	5a. Capita Show	il Contributions as n on record.	
INGRAHAM BUILDING INGRAHAM BUILDING			05/01/1996	817	\$1,000,000.00	
25 S.E. SECOND AVENUE. SUITE 700		25 S.E. SECOND AVENUE. SUITE 700		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	#1,000,000,00	
MIAM) FL 33131	MIAMI FL 33131	•		5b, Amou	nt of Capital butions in FLORIDA	
			4. State or Country of Formatic	n Contri	butions in FLORIDA s:	
2. Mailing Address	2a. Principal Office Address		FL	#35	0,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number			
Chief Chair	City P. Casto		45-06927	86	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Country Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
			Of Many Transport			
9, Name and Address of Cu	rrent Registered Agent		10. If changed, new Regi	stered Agent/Office		
GUSMAN, BRUCE		Name				
GUSMAN, BHUCE INGRAHAM BUILDING		Street Address (P.O. Box Number is Not Acceptable)				
25 S.E. SECOND AVENUE, SUITE 700	1	Suito Ant # e	ato.	····		
MIAMI FL 33131		Suite, Apt. #, etc.				
		City			Zip Code	
I am familiar with, and accept the obligations of	r registered agent, or both, in the State of Florida of section 620.192, Florida Statutes.	ed limited partnerst a. Such change was	authorized by its general partner(e). I here	by accept the appoi	niment of registered agent.	
the purpose of changing its registered office of I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH.	r registered agent, or both, in the State of Fiorida of section 620.192, Florida Statutes.	a. Such change was	a authorized by its general partner(e). I here PARTNERSHIP OR OT	ATE	infment of registered agent.	
the purpose of changing its registered office of I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH.	r registered agent, or both, in the State of Fiorida of section 620.192, Florida Statutes.	LIMITED F	a authorized by its general partner(e). I here PARTNERSHIP OR OT	ATE	infment of registered agent.	
the purpose of changing its registered office or I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH. M.	r registered agent, or both, in the State of Fiorida of section 620.192, Florida Statutes. It) AT IS A CORPORATION, UST BE REGISTERED AN	LIMITED F ND ACTIVE ral Partner Box Numbers)	PARTNERSHIP OR OT	ATEHER BUSI	NESS ENTITY Registration/	
the purpose of changing its registered office of I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH. MU 11. Name(s) of General Partner(s)	r registered agent, or both, in the State of Fiorida of section 620.192, Florida Statutes. AT IS A CORPORATION, UST BE REGISTERED AN 11a. (Do NOT Use Post Office E	LIMITED F ND ACTIVE ral Partner Box Numbers)	PARTNERSHIP OR OT WITH THIS OFFICE. 11b. City, State & Zip Code	ATEHER BUSI	NESS ENTITY Registration/ Document Number	
the purpose of changing its registered office of I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH. MU 11. Name(s) of General Partner(s)	r registered agent, or both, in the State of Fiorida of section 620.192, Florida Statutes. AT IS A CORPORATION, UST BE REGISTERED AN 11a. (Do NOT Use Post Office E	LIMITED F ND ACTIVE ral Partner Box Numbers)	PARTNERSHIP OR OT WITH THIS OFFICE. 11b. City, State & Zip Code	ATEHER BUSI	NESS ENTITY Registration/ Document Number	
the purpose of changing its registered office of I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH. MU 11. Name(s) of General Partner(s)	AT IS A CORPORATION, UST BE REGISTERED AN 11a. (Do NOT Use Post Office & 25 S.E. SECOND AVEN	LIMITED F ND ACTIVE ral Pariner Box Numbers)	PARTNERSHIP OR OT WITH THIS OFFICE. 11b. City, State & Zip Code MAMI FL 33131	11c. P0 2 1 1025 27/97-01 *541.25	Registration/ Document Number 8000037440	
the purpose of changing its registered office of I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH. M. 11. Name(s) of General Partner(s) CAMDEN HEIGHTS, INC.	registered agent, or both, in the State of Fiorida of section 620.192, Florida Statutes. It) AT IS A CORPORATION, UST BE REGISTERED AN 11a. Address of Each Gene (Do NOT Use Post Office 8 25 S.E. SECOND AVEN With this filling is voluntarily furnished and does ne with Section 119.07(3)(s) In the event that the lignature shall have they arms legal effects as in	LIMITED F ND ACTIVE ral Pariner Box Numbers) WE	PARTNERSHIP OR OT WITH THIS OFFICE. 11b. City, State & Zip Code MAMI FL 33131 7000 -02/ **** Indiment must be filed to emption stated in Section 119.07(3)(k), Float is deemed exempt from public access. If	HER BUSI 11c. Pa 21 0005 27/97-01 *541.25 change a g	NESS ENTITY Registration/ Document Number 8000037440 112015 ****\$541.25 eneral partner. se the Division of information indicated on this	
the purpose of changing its registered office of lam familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH. MILES OF General Partner(s) 11. Name(s) of General Partner(s) CAMDEN HEIGHTS, INC. Note: General partners MAY 12. I do hereby certify that the information supplied Corporations from any liability of non-compliance annual report is true and accurate and their my sempowered to execute this report as a suffect of the second se	registered agent, or both, in the State of Fiorida of section 620.192, Florida Statutes. It) AT IS A CORPORATION, UST BE REGISTERED AN 11a. Address of Each Gene (Do NOT Use Post Office 8 25 S.E. SECOND AVEN With this filling is voluntarily furnished and does ne with Section 119.07(3)(s) In the event that the lignature shall have they arms legal effects as in	LIMITED F ND ACTIVE ral Pariner Box Numbers) WE	PARTNERSHIP OR OT E WITH THIS OFFICE. 11b. City, State & Zip Code MAMI FL 33131 70000 —02/ ***** Indiment must be filed to be desired exempt from public access. If the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certification of the certificat	HER BUSI 11c. P9 *541.25 change a g	Registration/Document Number Registration/Document Number 6000037440 2112-015 ************************************	
the purpose of changing its registered office of lam familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH. MN 11. Name(s) of General Partner(s) CAMDEN HEIGHTS, INC. Note: General partners MAY N 12. I do hereby certify that the information supplied corporations from any flability of non-compliance annual report is true and accurate and may my as	registered agent, or both, in the State of Fiorida of section 620.192, Florida Statutes. AT IS A CORPORATION, UST BE REGISTERED AN 11a. Address of Each Gene (Do NOT Use Post Office 8 25 S.E. SECOND AVEN With this filling is voluntarily furnished and does ne with Section 119.07(3)(tylan the event that the lignature shall have the same legal effects as if ne chapter 620. Florida Statutes.	LIMITED F ND ACTIVE ral Pariner Box Numbers) WE	PARTNERSHIP OR OT E WITH THIS OFFICE. 11b. City, State & Zip Code MAMI FL 33131 70000 —02/ ***** Indiment must be filed to be desired exempt from public access. If the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certify that I am a General Partner of the certification of the certificat	HER BUSI 11c. P9 27/97-01 *541.25 change a gende Statutes. I release wither certify that the title limited partners.	Registration/Document Number Registration/Document Number 6000037440 2112-015 ************************************	