


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

1999-8007  
LIMITED  
PARTNERSHIP  
REINSTATEMENT  
UBR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 20 PM 1:33

DOCUMENT # A96000001565

1. Name of Limited Partnership  
GMP HOLDINGS, Ltd.  
4/16/99

2. Principal Office Address 2601 S. Bayshore Drive	3. Mailing Office Address SAME
Suite, Apt. #, etc. # 900	Suite, Apt. #, etc. SAME
City & State Coconut Grove, FL	City & State SAME
Zip 33133	Country USA
Zip SAME	Country SAME

4. Date Formed or Registered To Do Business in Florida 8/21/1996	
5. FEI Number 65-0744101	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7a. Capital Contributions as shown on Record: 514500.	
7b. Amount of Capital Contributions in FLORIDA to date: 514500.	

8. Name and Address of Current Registered Agent

Name  
CORPCO INC.

Street Address (P.O. Box Number is Not Acceptable)  
2699 S. Bayshore Drive

Suite, Apt. #, Etc.  
# 700

City  
Miami

State  
FL

Zip Code  
33133

**FEES:**

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

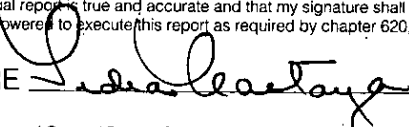
SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
S&K Property Management Inc.	1717 N. Bayshore Drive #208	Miami, FL 33145	530384
			99FF - \$526.25 00FF - \$526.25 01FF - \$526.25
			000004134490--4 -05/03/01--01124--001 ***1578.75 ***1578.75

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE 4/11/01

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Telephone Number 305 577-3885

CR2E039 (9/00)