A96000001565

LIMITED PARTNERS
UNIFORM BUSINESS REPO (UR

DOCUMENT # A96000001565

1. Entity Name GMP Holdings, Ltd.

FILED
02 OCT -3 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
150 Alhambra Circle	150 Alhambra Circle
Suite, Apt. #, etc.: 800	Suite, Apt. #, etc.: 800
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-0744101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: S&K Property Mgmt., 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: , Michael L. Katz 9/24/02
(Signature, Typed or Printed Name of Registered Agent and Title if applicable) President DATE

9. Capital Contributions as Shown on record: $514,500.00

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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S&K Property Management, Inc 150 Alhambra Circle, 800 Coral Gables, FL 33134	STREET ADDRESS CITY-ST-ZIP	000008290020--0 -10/09/02--01065--023 ****926.25 ****926.25
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STAPLE CHECK HERE

CR2E003B (12/01)

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: , Michael L. Katz, President 9/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(305)476-0955
Daytime Phone #