2002 UNIFORM	BUSINESS	REPORT	(UBR)
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FILED A9700000037 **DOCUMENT #** 02 MAR 18 PM 3: 28 1. Entity Name SECRETARY OF STATE
TALLAHASSEE, FLORIDA GILA PROPERTIES, LTD. HLM! Principal Place of Business Mailing Address 1711 BLOUNT ROAD 1711 BLOUNT ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 65-0779684 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMPSON, RICHARD I Street Address (P.O. Box Number is Not Acceptable) 1711 BLOUNT ROAD POMPANO BEACH FL 33069 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 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions in FLORIDA to date. 1980. DO 9. Capital Contributions \$1,980.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P96000079345 DOCUMENT # STREET ADDRESS GILA PROPERTIES, INC. NAME 1711 BLOUNT ROAD STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>4000</del>05169524---1 -03/26/02--01056--001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SHANDOWNERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)