2002 UNIFORM BUSINESS REPORT (URR)

| 200 | 2 UNIFORM BUS | 3) | APPRU _{VE} : AND | | | | | |
|---|--|--|------------------------------|-------------------------|---|---|-----------------------------------|--|
| DOCUMENT # A9700001953 1. Entity Name GUNN INVESTMENTS, LTD. | | | | | FÎLED | | | |
| | | | | | | 02 APR 22 PM 3: 18 | | |
| | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business 21 N. LOXAHATCHEE DRIVE JUPITER FL 33458 Mailing Address 21 N. LOXAHATCHEE DRIV JUPITER FL 33458 JUPITER FL 33458 | | | DRIVE | | 1100101 | | | |
| Principal Place of Business 3. Mailing Address | | | | | | | | |
| Suite, Apt | Suite, Apt. #, etc. | , Apt. #, etc. | | | DUE BY MAY 1, 2002 | | | |
| City & State City & State | | | | | 4. FEI Number | | Applied For | |
| Zip | Country Zip | | Cour | ntry | 5. Certificate o | f Status Desired | Not Applicable \$8.75 Additional | |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | 1 | 7 Name and 6 | ddress of New Registered A | Fee Required | |
| GUNN, CHARLOTTE N 4 SHELDRAKE PALM BEACH GARDENS FL 33418 | | | | Name | i: Namo and P | tudiess of New Registered A | gent | |
| | | | | Street Ad | dress (P.O. Box Number | (P.O. Box Number is Not Acceptable) | | |
| | | | | | | | | |
| | | | | City | | FL | Zip Code | |
| 8. The above | named entity submits this statement for | r the purpose of changing it | ts register | ed office or i | registered agent, or both | in the State of Florida. | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if earliantle | - | | <u> </u> | | | |
| | | | | | | 11. MAKE CHECK PAYABLE | TO DEDT OF STATE | |
| as Shown | on record. | in FLORIDA to | date. | | | SEE REVERSE SIDE FOI | R FEE INFORMATION | |
| | A GENERAL PARTNER 1 NOTE: General Partners MA | THAT IS A BUSINESS E IY NOT be changed on | NTITY N | IUST BE R 1; an amer | EGISTERED AND AC | TIVE WITH THIS OFFICE to change a general part | ner. | |
| 12. | GENERAL PARTNER | | 13. | | | ADDRESS CHANGES ONL | | |
| DOCUMENT # NAME STREET ADDRESS | CHARLOTTE N. GUNN, TRUSTEE 4 SHELDRAKE PALM BEACH GARDENS FL 33418 | | STR | EET ADDRESS | 1 | | | |
| CITY-ST-ZIP | | | CITY | Y-ST-ZIP | | | | |
| DOCUMENT # NAME | | | | EET ADDRESS | 70005361667 1 -04/29/0201014012 ****141.25 ****141.25 | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | /-ST-ZIP | | 7712 | | |
| DOCUMENT ***** NAME | ا داران ال مریک محساند کاریک از دارانجاند ا | | | ET ADDRESS | the second second | # we in the state of the state | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZiP | <u> </u> | | | |
| DOCUMENT # | | | STRE | ET ADDRESS | | | | |
| STREET ADDRESS : CITY-ST-ZIP | | | CITY | -ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | |
| OCUMENT # | | | STRE | ET ADDRESS | | | | |
| STREET AODRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | ·· | | | |
| DOCUMENT # | | | STRE | ET ADDRESS | | , <u></u> | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | <u></u> | | | |

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

OF SIGNING GENERAL PARTNER

Date

Date

Date

Dayling Phone #