

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000926  
AT

DOCUMENT # **A98000000987**



1. Entity Name  
**GAMI OCEANFRONT LIMITED PARTNERSHIP I**

**FILED**

03 SEP 12 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MAJH**

Principal Place of Business  
**4900 POWERLINE ROAD  
FT. LAUDERDALE FL 33309**

Mailing Address  
**4900 POWERLINE ROAD  
FT. LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **65-0829917**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions **\$2,000,000.00**  
as Shown on record.

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000042918**  
NAME **GAMI OCEANFRONT, INC.**  
STREET ADDRESS **4900 POWERLINE ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400023021114  
09/12/03--01058--003 \*\*437.50**

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NAME  
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**400023021114  
09/12/03--01058--004 \*\*400.00**

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**900023021329  
09/12/03--01058--005 \*\*89.75**

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NAME  
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CITY-ST-ZIP

STREET ADDRESS

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE