2001 UNIFORM BUSINESS RE	PORT (UBR)
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DOCUMENT # A9900000204 1. Entity Name						ı	8			
GATEWAY CREDIT I	LTD.					FIL	ED		7	/ &)
Principal Place of Busines 601 GATEWAY BLVD SUITH SOUTH SAN FRANCISCO C	E 260	0 601 GATEWAY BLVD., SUITE 260 080 SOUTH SAN FRANCISCO CA 94080		0 I,	1 FEB 16 ECRETARY	AM 9: 1 OF STATE E ELOPIDA				
2. Principal Place of Business 441 Victory Lane Suite, Apt. #, etc. Suite 200 2. Mailing Address 1000 Marina Blvd. Suite, Apt. #, etc. Suite 600				DO NOT WRITE IN THIS SPACE						
City & State South San Fran Zip 94080	Cisco, CA Country USA	City & State Brisbane, CA Zip Country 94005 USA			FEI Number Certificate o	94-3326627 f Status Desired		_ 	honal	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its regi			Name	dress (F		is Not Acceptable		gent		
			City	FL Zip Code						
SIGNATURE	y submits this statement for or printed name of registered agent an				•	when reinstating)	in the State of Fid	DATE		
9. Capital Contributions as Shown on record. \$4,500.00 10. Amount of Capital Contributions in FLORIDA to date. ### 4600.00					ERED AND AC	TIVE WITH TH	SE SIDE FOR S OFFICE.	FEE INFORMA		
NOTE	: General Partners MAY GENERAL PARTNER I		ne form 13.	; an amen	dment	must be filed	to change a ge ADDRESS CHA			
STREET ADDRESS 601 GATEWAY BLVD., SUITE 260			ET ADDRESS	441	441 Victory Lane, Suite 200					
DOCUMENT # NAME	N FRANCISCO CA 9408	<u> </u>	-	EET ADDRESS	Sout	h San Fra	ncisco, C	A 94080)	CROEDO
STREET ADDRESS CITY-ST-ZIP DOCUMENT #			-	-ST-ZIP	<u>-</u>					
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NAME STREET ADDRESS CITY-ST-ZIP		· · ·		-ST-ZIP		7186 T				
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: Mark F. Cohn, President Mark F. Cohn, President (650) 869-3600 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER Gateway Credit Corporation Caytime Phone #										