

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A99000001817

1. Entity Name

GAMM INVESTMENTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT - 1 PM 12:55

WR 10/2

**DO NOT WRITE IN THIS SPACE**

800008208058--3  
-10/04/02--01051--008  
\*\*\*\*550.00 \*\*\*\*550.00

2. Principal Place of Business 55 Alhambra Plaza Suite, Apt. #, etc. 7th Floor City & State Coral Gables, FL		3. Mailing Address 55 Alhambra Plaza Suite, Apt. #, etc. 7th Floor City & State Coral Gables, FL		4. FEI Number 65-0967968		Applied For Not Applicable	
Zip 33134	Country USA	Zip 33134	Country USA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	Miguel B. Fernandez
Street Address (P.O. Box Number is Not Acceptable)	55 Alhambra Plaza, 7th Floor
City	Coral Gables
State	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 Miguel B. Fernandez 8/30/02

9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$200.00	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	P99000097281 GAMM Investments, Inc. 55 Alhambra Plaza, 7th Floor Coral Gables, FL 33134	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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)(b), 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: Miguel B. Fernandez, President 8/30/02 305/441-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Signature Phone #