

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

2001-2002
LIMITED
PARTNERSHIP
REINSTATEMENT
CEBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 12 AM 10:58

DOCUMENT # 097000000 436

1. Name of Limited Partnership
GSSW WR I LP

100005100621--0
-03/14/02--01005--006
****526.25 ****526.25

2. Principal Office Address
300 W 11th St
Suite, Apt. #, etc.
City & State
Kansas City, MO
Zip Country
64105

3. Mailing Office Address
300 W 11th St
Suite, Apt. #, etc.
City & State
Kansas City, MO
Zip Country
64105

4. Date Formed or Registered
To Do Business in Florida 8/22/97

5. FEI Number
43-1644525
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:
1,057,328

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd

Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Americo Services, Inc.	300 W. 11th St.	Kansas City, MO 64105	0970000004432

Check 3/18/02
2001 FF \$526.25
2002 FF \$526.25

100005100621--0
-03/14/02--01005--007
****526.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 1/10/2002

Typed or Printed Name of General Partner Signing Form _____ Telephone Number (816) 391-2162

CR2039 (9/01)

2062

March 1, 2002

Brenda Tadlock
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Tadlock:

GSSW WR I LP, Formerly Windrush REO LP did not receive the 2001 uniform business reports to the enclosed form. The total amount due of \$1,052.50 for 2001 and 2002 is enclosed. Also, enclosed is Certificate of Amendment to Application for Registration with the name change fee of \$52.50.

If you have any questions please contact me at (816) 391-2162.

Sincerely,

A handwritten signature in black ink that reads "Laurie Flatt". The signature is written in a cursive, flowing style.

Laurie Flatt