2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000597

1. Entity Name

GEBAM-DAYCO FUNDING, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 15 PM 1:18

DO NOT WRITE IN THIS SPACE — MJH

Principal Place of Business	Mailing Address
848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131	848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131-2976

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0857968 — ☐ Applied For ☐ Not Applicable

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
LISS, RICHARD % DAYCO HOLDING CORP. 848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131	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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **$8,000,000**

10. Amount of Capital Contributions in FLORIDA to date. **$12,400,000**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P96000018098 DAYCO OF SOUTH FLORIDA CORP. 848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131	STREET ADDRESS CITY-ST-ZIP	 000003300220--5
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	-06/21/00--01117--016 ****526.25 ****526.25
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	

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] — 4-25-2000 — (305) 377-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #