
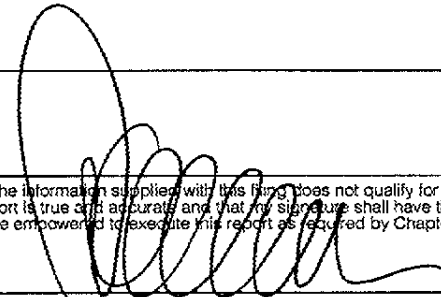


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B98000000517</b>			
1. Entity Name <b>GEBAM-DAYCO FUNDING, L.P.</b>			
Principal Place of Business <b>848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131</b>		Mailing Address <b>848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LISS, RICHARD % DAYCO HOLDING CORP. 848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$15,600,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	<b>P96000018098</b>	STREET ADDRESS	
NAME	<b>DAYCO OF SOUTH FLORIDA CORP.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>848 BRICKELL AVENUE, SUITE 810</b>		
CITY - ST - ZIP	<b>MIAMI, FL 33131</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 199.07(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: 		Date: <b>3/31/04</b> Daytime Phone #	

STAPLE CHECK HERE



03312004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0857968** Applied For Not Applicable

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

000000111093  
04/13/04 00003 002 525.25