LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -9 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000517

1. Entity Name

GEBAM-DAYCO FUNDING L.P.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
848 Brickell Ave Ste 810	
Suite, Apt. #, etc. 810	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33131 Country	Zip Country

DUE BY MAY 1

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lisa Richard c/o Dayco Florida

Street Address (P.O. Box Number is Not Acceptable): 848 Brickell Ave Ste 810

City: Miami FL Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
15,600,000	15,600,000	

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 #	P96000018098	STREET ADDRESS	Dayco of So FL Corp - Amended 12/1/99
NAME	Florida Apt Club Inc Formerly	CITY-ST-ZIP	Filed 12/1/99
STREET ADDRESS	848 Brickell Ave Ste 810		
CITY-ST-ZIP	Miami FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900019036169 05/15/03--01060--011 **2387.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	FL $52.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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