
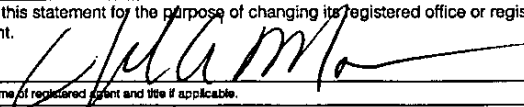
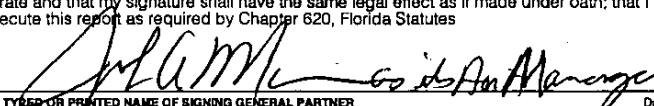


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 25 AM 9:35

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|--|--|--|---|--|--|
| DOCUMENT # A04000000666 1. Entity Name G.E.M. ASSOCIATES, LTD. | | | |  | |
| Principal Place of Business % JOHN A. MORAN 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 | | | Mailing Address % JOHN A. MORAN PO BOX 3948 SARASOTA, FL 34230 | | |
| 2. Principal Place of Business 1990 Main Street | | 3. Mailing Address Suite, Apt. #, etc. Suite 700 | | 02162005 Chg-LP CR2E003 (10/03) | |
| City & State Sarasota FL | | City & State Sarasota FL | | 4. FEI Number 83-0393530 | |
| Zip 34236 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORAN, JOHN A 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236 | | |
| 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 2-16-05 | | | | | |
| 9. Capital Contributions as Shown on record. \$1,342,600.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. 1,342,600.00 | | |
| 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 # L04000031194 NAME G.E.M. PARTNERS, L.L.C. STREET ADDRESS 22 S. LINKS AVENUE SUITE 300 CITY-ST-ZIP SARASOTA, FL 34236 | | | STREET ADDRESS 1990 Main Street, Suite 700 CITY-ST-ZIP Sarasota, FL 34236 | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
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| 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:  DATE 2-16-05 | | | | | |

STAPLE CHECK HERE

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