

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 24 PM 12:15

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000324



GIA PROPERTIES OF VOLUSIA, LTD.

Meeting Address:
**0201 N. CLYDE MORRIS BLVD.
SUITE 100
DAYTONA BEACH FL 32114**

Principal Office Address:
**0201 N. CLYDE MORRIS BLVD.
SUITE 100
DAYTONA BEACH FL 32114**

3. Date Formed or Registered
03/03/1994

5a. Capital Contributions as
Shown on record
\$500,000.00

3a. Date of Last Report
12/12/1995

5b. Amount of Capital
Contributions in FL U.S.D.A.
to date:
242,432

2. Meeting Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. F.I. Number
59-3233856

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired **\$8.75 Additional
Fee Required**

Zip Country

Zip Country

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**GOLDBERG, PAUL B MD
0201 N. CLYDE MORRIS BLVD.
SUITE 100
DAYTONA BEACH FL 32114**

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____
Zip Code **FL**

10a. Pursuant to the provisions of sections 609.01(1)(f) and 609.19(2), 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, 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 understand what I am accepting the obligations of sections 609.19(2), 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.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

GIA GLOBAL INVESTING CORPORA

0201 N. CLYDE MORRIS

DAYTONA BEACH FL 32114

P94000018173

OR
12-31

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

12. I hereby certify that the information supplied with this form is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this form is true and accurate and that my signature shall have the same legal effect 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 670, Florida Statutes.

SIGNATURE *X*

PAUL B. GOLDBERG

DATE

x/10/15/96

Type of Partner Name of General Partner Signature Form

PAUL B. GOLDBERG, M.D.

Daytime Telephone Number

(904) 257-9400

CR32003 (6/96)