

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005873 AT

DOCUMENT # A94000000324



1. Entity Name
GIA PROPERTIES OF VOLUSIA, LTD.

FILED

2003 APR -1 AM 10: 34

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business 0201 N. CLYDE MORRIS BLVD. SUITE 100 DAYTONA BEACH FL 32114	Mailing Address 0201 N. CLYDE MORRIS BLVD. SUITE 100 DAYTONA BEACH FL 32114
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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 ~~59-2132442~~
59-3233856 Applied For
Not Applicable

DUE BY MAY 1, 2003

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

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

Name **Donato R. Ricci**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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
P94000018173	GIA GLOBAL INVESTING CORPORATION	0201 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114

STREET ADDRESS	CITY-ST-ZIP

CR2E003 (10/02)

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/03
Date

Daytime Phone #