

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

\$150.00

05 JUN 15 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # A9500001065
1. Entity Name
THE GORI FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 1728 NE 23RD AVE. FT. LAUDERDALE FL 33305
Mailing Address: %P.G. INVESTMENTS, INC., GENERAL PART 1728 NE 23RD AVE. FT. LAUDERDALE FL 33305

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Zip Country: Country



1ST MOORE CR2E003 (10/04)

4. FEI Number: 65-0593188 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WACHS, JEFFREY S ESQUIRE
1177 SE 3RD AVE.
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
Name: _____
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: \$5,000.00
10. Amount of Capital Contributions in FLORIDA to date: _____

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

**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 #	P95000050950
NAME	P.G. INVESTMENTS, INC.
STREET ADDRESS	1728 NE 23RD AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33305
DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
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STAPLE CHECK HERE

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: 4-4-05 DAYTIME PHONE #: 954-822-2211