

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 Norham
Secretary of State
DIVISION OF CORPORATIONS

A96000001914

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR -6 AM 9:17

1. Name of Limited Partnership GBV INTERNATIONAL, LTD.		1a. DOCUMENT # A96000001914	
2. Mailing Address 998 N.W. 9th Court Boca Raton, FL 33486		2a. Principal Office Address 998 N.W. 9th Court Boca Raton, FL 33486	
3. Date Formed or Registered 10/14/96		5a. Capital Contributions as Shown on Return \$384,616.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation Florida		6. FEI Number 650-69-9725	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/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	

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

Name: Ashok Patel, M.D.

Street Address (P.O. Box Number is Not Acceptable): 998 NW 9th Court

Suite, Apt. #, etc.

City: Boca Raton FL Zip Code: 33486

10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 or 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 am familiar with, and accept the obligations of section 620.192, 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
Ashok Patel, M.D., P.A.	998 N.W. 9th Court	Boca Raton, FL 33486	519518
			700002106727--0 -03/07/97--01006--003 ****541.25 ****541.25
			dec 541.25

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects 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 620, Florida Statutes.

SIGNATURE: DATE: 1/17/97

Typed or Printed Name of General Partner Signing Form: Daytime Telephone Number: