

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 30 PM 4: 08

1. Name of Limited Partnership	1a. DOCUMENT # A98000002924
G.S.J., LTD.	



Mailing Address 4852 CAPRON STREET NEW PORT RICHEY FL 34653	Principal Office Address 4852 CAPRON STREET NEW PORT RICHEY FL 34653	3. Date Formed or Registered 12/31/1998	5a. Capital Contributions as Shown on record \$10,000.00
2. Mailing Address P.O. BOX 1562	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State TARPOON SPRINGS FL	City & State	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34688	Country Pinellas	7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. If changed, now Registered Agent/Office
	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City FL Zip Code

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.

**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) 2W'S, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Number(s)) 4852 CAPRON STREET	11b. City, State & Zip Code NEW PORT RICHEY FL 34	11c. Registration/Document Number S31364
<p align="right">A9800002924-3 --(14/07/99--01089--011 ****167.50 ****167.50</p> <p>AR 70.00 AR SUPP 88.75 GUB 8.75 \$167.50</p> <p align="right">NYC 3/30/99</p>			

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 *Suzanne Watt / President* **DATE** 3-25-99

Typed or Printed Name of General Partner Signing Form SUZANNE WATT For 2w's Inc **Daytime Telephone Number** 1-800-945-9427

CR2E003 (12/98)