

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -9 AM 10:06

DOCUMENT # A98000002924					
1. Entity Name G.S.J., LTD.					
Principal Place of Business 1004 US HWY 19, #202 HOLIDAY, FL 34691			Mailing Address P.O. BOX 1562 TARPON SPRINGS, FL 34688		
2. Principal Place of Business 1004 US HWY 19			3. Mailing Address		
Suite, Apt. #, etc. SUITE #102A			Suite, Apt. #, etc.		
City & State HOLIDAY FL			City & State		
Zip 34691		Country USA		4. FEI Number 59-3568697	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	S31364		STREET ADDRESS	1004 US HWY 19, SUITE 102A	
NAME	ZWS, INC.		CITY-ST-ZIP	HOLIDAY FL 34691	
STREET ADDRESS	1004 US HWY 19, SUITE 202				
CITY-ST-ZIP	HOLIDAY, FL 34691				
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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 <u>WIS INC. G.M. / Signature / For ZWS INC.</u> Date <u>2-17-05</u> Daytime Phone # <u>945-9420</u>					

STAPLE CHECK HERE