


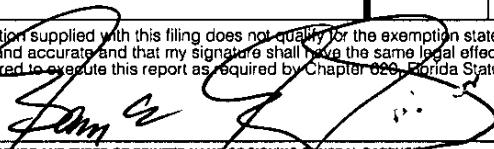
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR -6 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001567 1. Entity Name GALLAGHER INVESTMENT PARTNERS, LLLP					
Principal Place of Business 1017 FRANKLIN ROAD TAMPA, FL 33629			Mailing Address 1017 FRANKLIN ROAD TAMPA, FL 33629		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CFRA, LLC 4221 W. BOY SCOUT BLVD. CORPORATE CENTER THREE AT INTERNATIONAL PL TAMPA, FL 33607-5736				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. \$3,184,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$3,600,000			
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 #	P04000137513		STREET ADDRESS		
NAME	GALLAGHER INVESTMENT GP, INC.		CITY-ST-ZIP		
STREET ADDRESS	1017 FRANKLIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 060, Florida Statutes			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> </div> <div style="width: 40%; text-align: right;"> 2/1/05 8132591379 <small>Date Daytime Phone #</small> </div> </div>		

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