

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED

2005 JUN -9 P 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05192005 Chg-LP CR2E003 (10/03)

DOCUMENT # A04000001569	
1. Entity Name GROUP 3 INVESTMENTS, LLLP	



Principal Place of Business 1017 FRANKLAND ROAD TAMPA, FL 33629	Mailing Address 1017 FRANKLAND ROAD TAMPA, FL 33629
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2. Principal Place of Business		3. Mailing Address 1414 Distant Oaks Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Wesley Chapel FL	
Zip	Country	Zip 33543	Country USA

6. Name and Address of Current Registered Agent CFRA, LLC 4221 W. BOY SCOUT BLVD. TAMPA, FL 33607-5736	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____
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9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date. 19,500.00

**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 #	GALLAGHER, GARY E	STREET ADDRESS	
NAME	1017 FRANKLAND ROAD	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33629		
CITY-ST-ZIP			
DOCUMENT #	ARMSTRONG, WILLIAM M	STREET ADDRESS	
NAME	1017 FRANKLAND ROAD	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33629		
CITY-ST-ZIP			
DOCUMENT #	DONLAD, THOMAS	STREET ADDRESS	
NAME	1017 FRANKLAND ROAD	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33629		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	5-18-05 <small>Date</small>	813 765 9296 <small>Daytime Phone #</small>
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