2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 FILED **DOCUMENT # B04000000078** Jan 20, 2006 08:00 AN **Secretary of State** GB BALTZER, LP Mailing Address Principal Place of Business 11772 WEST SAMPLE ROAD, STE 101 11772 WEST SAMPLE ROAD, STE 101 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 01112006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number 73-1693567 Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALTZER, GORDON B Street Address (P.O. Box Number is Not Acceptable) 11772 WEST SAMPLE ROAD, SUITE 101 CORAL SPRINGS, FL 33065 City 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 Signature, typed or printed name of registered agent and title 4 applicable. DATE

FILE NOW!!! FEE IS \$500,00 After May 1, 2006, Fee will be \$900.00

GENERAL PARTNER INFORMATION

M04000000757 UND0000393739 DOCUMENT # STREET ADDRESS GB BALTZER HOLDINGS, LLC <u>nı/25/06-90033-021 500.00</u> STREET ADDRESS 11772 WEST SAMPLE ROAD, STE 101 CSTY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP DOCUMEN*# STREET ADDRESS NAME

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.

13.

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

12.

STAPLE CHECK HERE

STREET ADDRESS

CITY-ST-ZIP DOCUMENT#

NAME STREET ADDRESS

> Goides SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ADDRESS CHANGES ONLY

Applied For

Not Applicable