


4/12/05

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

2005 APR 25 PM 12:19


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000892	
1. Entity Name GV DELANEY LTD.	

Principal Place of Business 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	Mailing Address 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789
---	---

2. Principal Place of Business 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450	3. Mailing Address 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450
---	---

City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32701	Zip 32701



04042005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3646682	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 LECCESE, SALVADOR F 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 S. Northlake Blvd, Suite 450 City Altamonte Springs, FL Zip Code 32701
--	--

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$100.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000025324 GV DELANEY INC. 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200054750562 05/18/05--01062--009 **608.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

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: [Signature] 4-13-05 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #