

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A00000000920

1. Entity Name
 GS/CAPITAL, LTD.



Principal Place of Business
 2601 S BAYSHORE DR
 SUITE 1775
 COCONUT GROVE, FL 33133

Mailing Address
 2601 S BAYSHORE DR
 SUITE 1775
 COCONUT GROVE, FL 33133



2. Principal Place of Business
 2601 S. Bayshore Drive
 Suite, Apt. #, etc.
 Suite # 800
 City & State
 Coconut Grove FL
 Zip
 33133

3. Mailing Address
 2601 S. Bayshore Drive
 Suite, Apt. #, etc.
 Suite 800
 City & State
 Coconut Grove FL
 Zip
 33133

04072005 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-1013913

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STANLEY, SHERRY A
 2601 S. BAYSHORE DR., #1775
 COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent
 Name
 Stanley, Sherry A.
 Street Address (P.O. Box Number is Not Acceptable)
 2601 S. Bayshore Drive
 Suite 800
 City
 Coconut Grove FL Zip Code
 33133

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 Sherry A Stanley DATE 4/25/2005

9. Capital Contributions as Shown on record. \$0.00

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 #	P00000054595	STREET ADDRESS	2601 S. Bayshore Drive, Suite 800
NAME	GS/PATRONIS, INC.	CITY-ST-ZIP	Coconut Grove, FL 33133
STREET ADDRESS	2601 S BAYSHORE DR SUITE 1775		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		
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STREET ADDRESS			
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 620, Florida Statutes

SIGNATURE: Jeffrey A. Satchik DATE 4/25/2005 DAYTIME PHONE # 305-858-4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jeffrey A. Satchik

STAPLE CHECK HERE