

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001056**

1. Entity Name  
**GAK PARTNERS, LTD.**



Principal Place of Business  
**2300 GLADES ROAD, SUITE 100E  
BOCA RATON, FL 33431**

Mailing Address  
**2300 GLADES ROAD, SUITE 100E  
BOCA RATON, FL 33431**



01162006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-1021108**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GAK EQUITY, INC.  
2300 GLADES ROAD, SUITE 100E  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # **P00000063965**  
NAME **GAK EQUITY, INC.**  
STREET ADDRESS **2300 GLADES ROAD, SUITE 100E**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

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**U000000475958  
04/05/06-80037-016 500.00**

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**William R. Greenfield**

**2/2/06**

**561-392-6662**

Telephone (Area #)

STAPLE CHECK HERE