

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**


FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A0100000968  
 1. Entity Name  
 GV STATION, LTD. LLLP

*4/15/05 Station*



Principal Place of Business  
 2221 LEE ROAD, STE 28  
 WINTER PARK, FL 32789

Mailing Address  
 2221 LEE ROAD, STE 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*

04042005 Chg-LP CR2E003 (10/03)

City & State  
*Altamonte Springs, FL*

4. FEI Number  
 59-3728711

Applied For  
 Not Applicable

Zip  
*32701*

Country

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

6. Name and Address of Current Registered Agent

GV STATION INC.  
 2221 LEE RD, STE 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. **\$1.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	P01000070289
NAME	GV STATION, INC.
STREET ADDRESS	2221 LEE RD, STE 28
CITY-ST-ZIP	WINTER HAVEN, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>650 S. Northlake Blvd, Suite 450</i>
CITY-ST-ZIP	<i>Altamonte Springs, FL 32701</i>
STREET ADDRESS	
CITY-ST-ZIP	
700054010737 05/06/05 01057 012 **150.00	
STREET ADDRESS	
CITY-ST-ZIP	
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 a receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **4-6-05** **407-645-5575**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #