

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A01000001368**

1. Entity Name  
**GPV INVESTMENTS, LTD.**



**FILED**

2004 MAY -4 A 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01192004 Chg-LP CR2E003 (10/03)

4. FEI Number **01-0614298** Applied For ☐ Not Applicable

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>1181 S. ROGERS CIRCLE SUITE 31</b>		Suite, Apt. #, etc. <b>1181 S. ROGERS CIRCLE</b>	
City & State <b>BOCA RATON, FL 33487</b>		City & State <b>SUITE 31 BOCA RATON, FL 33487</b>	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL CUSTOM HOMES VIII, INC. 16415 MIZNER CLUB DRIVE DELRAY BEACH, FL 33496		Name Street Address (P.O. Box Number) <b>1181 S. ROGERS CIRCLE SUITE 31</b> City <b>BOCA RATON, FL 33487</b> FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions -as Shown on record. **\$1,157,700.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,198,700**

**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 ONLY	
DOCUMENT #	P01000098758	STREET ADDRESS	<b>1181 S. ROGERS CIRCLE</b>
NAME	NATIONAL CUSTOM HOMES VIII, INC.	CITY-ST-ZIP	<b>SUITE 31 BOCA RATON, FL 33487</b>
STREET ADDRESS	16415 MIZNER CLUB DRIVE		
CITY-ST-ZIP	DELRAY BEACH, FL 33496		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**400035410144**  
05/04/04 01036-023 \*\*813.25

**\$526.25**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-04

Date

561-9881267

Daytime Phone #

STAPLE CHECK HERE