

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

DOCUMENT # A01000001368

1. Entity Name  
GPV INVESTMENTS, LTD.



Principal Place of Business  
1181 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487

Mailing Address  
1181 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487

FILED

2005 APR 29 PM 2:19

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



02252005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
01-0614298

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CUSTOM HOMES VIII, INC.  
1181 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

DATE

9. Capital Contributions  
as Shown on record. \$1,198,700.00

10. Amount of Capital Contributions  
in FLORIDA to date. 1,273,468.-

**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 # P01000098758  
NAME NATIONAL CUSTOM HOMES VIII, INC.  
STREET ADDRESS 1181 S. ROGERS CIRCLE, SUITE 31  
CITY-ST-ZIP BOCA RATON, FL 33487

STREET ADDRESS

CITY-ST-ZIP

400053077454  
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CITY-ST-ZIP

\$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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/18/05

561 9881267