


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001401
 1. Entity Name
 GILL PARTNERS, LTD.



Principal Place of Business
 1814 SOUTH HIGHLAND PARK DRIVE
 LAKE WALES, FL 33853

Mailing Address
 1814 SOUTH HIGHLAND PARK DRIVE
 LAKE WALES, FL 33853



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
 59-3750415

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

MULLER, CHARLES E II
 7385 GALLOWAY ROAD
 SUITE 200
 MIAMI, FL 33173

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

9. Capital Contributions as Shown on record. \$1,456,699.00

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 #		STREET ADDRESS	
NAME	GILL, AVIS W TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1814 SOUTH HIGHLAND PARK DRIVE		
CITY-ST-ZIP	LAKE WALES, FL 33853		1101000069189 02/28/04-90002-010-526.25
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Avis W. Gill, Trustee* *2/10/04* 305-661-1040 (x100)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #