


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001401

1. Entity Name
GILL PARTNERS, LTD.



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

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03012005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3750415** 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	
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 file 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 #	GILL, AVIS W TRUSTEE	STREET ADDRESS	
NAME	1814 SOUTH HIGHLAND PARK DRIVE	CITY-ST-ZIP	
STREET ADDRESS	LAKE WALES, FL 33853		
CITY-ST-ZIP			
DOCUMENT #	GILL, AVIS W TRUSTEE	STREET ADDRESS	00000267002
NAME	1814 SOUTH HIGHLAND PARK DRIVE	CITY-ST-ZIP	03/18/05-80014-003 526.25
STREET ADDRESS	LAKE WALES, FL 33853		
CITY-ST-ZIP			
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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* **3/7/05** 305-661-1040(x100)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #