

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

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # A02000000090</b> 1. Entity Name <b>G &amp; T OF SOUTH FLORIDA LTD.</b>					
Principal Place of Business <b>2144 JOHNSON STREET          HOLLYWOOD, FL 33020</b>			Mailing Address <b>2144 JOHNSON STREET          HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142005    Chg-LP    CR2E003 (10/03)	
4. FEI Number <b>75-300089</b> <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COHN, ALAN B          2021 TYLER STREET          HOLLYWOOD, FL 33020</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$50,000.00 100.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>100.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	T & G OF SOUTH FLORIDA LLC		CITY-ST-ZIP	<b>800050094048</b>	
STREET ADDRESS	2144 JOHNSON STREET			<b>04/07/05--01011--012 **88.75</b>	
CITY-ST-ZIP	HOLLYWOOD, FL 33020				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP	<b>800050094048</b>	
STREET ADDRESS				<b>04/07/05--01011--013 **52.50</b>	
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			3/14/05    954-923-3677		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE