2003-LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

FILED Feb 20, 2006 08:00 AM Secretary of State

	Due by may 1, 2000	,	Comp4==== = CA = 4 =
1. Entity Nat	IMENT # A02000000270 GIANT, LTD.		Secretary of State
Principal Place of Business Mailing Address 288 NINTH STREET P.O. BOX 770249 WINTER GARDEN, FL 34777-0249 WINTER GARDEN, FL 34777-0249			
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DO NOT WRITE IN THIS SPACE			02072006 No Chg-LP CR2E003 (11/05)
			4. FEJ Number Applied For O2-0563448 Not Applicable
			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent		
HELLER, HARVEY R 288 NINTH STREET WINTER GARDEN, FL 34777-0249			DO NOT WRITE IN THIS SPACE
	re named entity submits this statement for the purpose of changing its register ations of registered agent. Signature, typed or printed name of registered agent and titls if applicable.	red office or register	red agent, or both, in the State of Flortda. I am familiar with, and accept
FILE NOWIII FEE IS \$500.00			
	After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY N	NUST BE REGIS	FERED AND ACTIVE WITH THIS OFFICE.
12.	NOTE: General Partners MAY NOT be changed on the form GENERAL PARTNER INFORMATION		
DOCUMENT J MAME STRELT ADDRESS GITY-ST-ZIP	HELLER, PETER C 288 NINTH STREET WINTER GARDEN, FL 347770249		00000000000000000000000000000000000000
DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
DOCUMENT #		00000440054 03/02/06-80025-012 500.00	
DOCUMENT A DOCUMENT A NAME STITET ADDRESS CITY-S1-ZIP			
14. I hereby indicate or the re	certify that the information supplied with this fifting does not qualify for the edon this report is true and accurate and that my signature shall have the semiceiver or trustee emportants to execute this report as repuling by Chapter 62	xemptions containe ne legal effect as it n 20, Florida Statutes	d in Chapter 119, Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER