


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # A02000001282</b>	
1. Entity Name <b>GEM INVESTMENTS, LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 9:00

Principal Place of Business <b>4986 VENTURA CT. NAPLES FL 34109</b>	Mailing Address <b>P.O. BOX 110477 NAPLES FL 34108</b> <i>NEW MAILING ADDRESS</i>
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2. Principal Place of Business	3. Mailing Address <b>P.O. BOX 366</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E003 (10/05)

City & State <b>JUPITER, FL</b>	4. FEI Number <b>74-3063371</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33468</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>OWEN, JACK B JR. 4500 PGA BOULEVARD, SUITE 206 PALM BEACH GARDENS FL 33418</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
	<b>HAIGLER, JAMES S III</b>		
STREET ADDRESS	<b>4986 VENTURA CT.</b>	CITY-ST-ZIP	
	<b>NAPLES FL 34109</b>		
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**100074071321**  
**05/05/06--01038--021--\*\*508.75**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **GENERAL PARTNER** **4-7-06 561-909-8132**  
Date Daytime Phone #