

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A03000000086

1. Entity Name
GAC HOLDINGS, LTD.



FILED

04 JUN 17 AM 9:27

STATE
TALLAHASSEE, FLORIDA

RECEIVED

Principal Place of Business
5507 SOUTH CONGRESS AVENUE, SUITE 130
ATLANTIS, FL 33462

Mailing Address
5507 SOUTH CONGRESS AVENUE, SUITE 130
ATLANTIS, FL 33462

2. Principal Place of Business
3618 Lantana Road
Suite, Apt. #, etc.

3. Mailing Address
3618 Lantana Road
Suite, Apt. #, etc.

(A03000000086L)

05052004 Chg-LP

CR2E003 (10/03)

6/17

City & State
Lake Worth, FL
Zip
33467
Country

City & State
Lake Worth, FL
Zip
33467
Country

4. FEI Number

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

CARROLL, GARY
5507 SOUTH CONGRESS AVENUE, SUITE-130
ATLANTIS, FL 33462

Name
CARROLL, GARY

Street Address (P.O. Box Number is Not Acceptable)

3618 Lantana Road

City
Lake Worth

FL

Zip Code
33467

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

DATE

9. Capital Contributions
as Shown on record. \$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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
CITY-ST-ZIP
CARROLL, GARY
5507 SOUTH CONGRESS AVENUE, SUITE 130
ATLANTIS, FL 33462

STREET ADDRESS
CITY-ST-ZIP
3618 Lantana Road
Lake Worth, FL 33467

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
400038770384
07/06/04--01057--020 **150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-11-04

Date

561-968-2995

Daytime Phone #