

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A03000000189**

1. Entity Name  
**THE GAA ENHANCED CASH FUND (U.S.) LTD.**



Principal Place of Business  
**300 S. ORANGE AVENUE, SUITE 1100**  
**ORLANDO, FL 32801**

Mailing Address  
**300 S. ORANGE AVENUE, SUITE 1100**  
**ORLANDO, FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-LP

CR2E003 (10/03)

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

**INTRASTATE REGISTERED AGENT CORPORATION**  
**200 S. ORANGE AVENUE, SUITE 2600**  
**ORLANDO, FL 32801**

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

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

DATE

9. Capital Contributions  
 as Shown on record.

**\$5,000,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**0**

**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

**GLOBAL ASSETS ADVISORS, LLC**  
**300 S. ORANGE AVENUE, SUITE 1100**  
**ORLANDO, FL 32801**

STREET ADDRESS  
 CITY - ST - ZIP

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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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/23/04**

Date

**(407) 254-1500**  
 Daytime Phone #

**FILED**

**04 JUN -7 PM 1:52**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE