

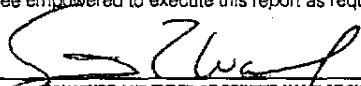


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000394 1. Entity Name G.S.S. ENTERPRISES, LTD.					
Principal Place of Business 5940 PELICAN BAY PLAZA, SUITE 1103 GULFPORT, FL 33707			Mailing Address P.O. BOX 66641 ST. PETE BEACH, FL 33736		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04272006 Chg-LP CR2E003 (11/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 56-2334279				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D & B CORPORATE SERVICES, INC. 5999 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG, FL 33736				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <div style="text-align: right;"> 1100000535898 05/08/06-80064-025 500.00 </div>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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	L03000007999 HOME RUN INNOVATIONS, LLC 5940 PELICAN BAY PLAZA, SUITE 1103 GULFPORT, FL 33707		STREET ADDRESS CITY-ST-ZIP	_____ _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		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 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: 			Date: 4-28-06 Daytime Phone #: 727-367-9699		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					