

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 18 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-LP CR2E003 (12/06)

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
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2. Principal Place of Business - No P.O. Box # 9524 Blind Pass Rd	3. Mailing Address 9524 Blind Pass Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. PETE BEACH, FL	City & State ST. PETE BEACH, FL
Zip 33706	Zip 33706
Country USA	Country USA

4. FEI Number 56-2334279	Applied For 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	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	L03000007999	STREET ADDRESS	9524 Blind Pass Rd
NAME	HOME RUN INNOVATIONS, LLC	CITY-ST-ZIP	ST. PETE BEACH, FL 33706
STREET ADDRESS	5940 PELICAN BAY PLAZA, SUITE 1103		
CITY-ST-ZIP	GULFPORT, FL 33707		
DOCUMENT #		STREET ADDRESS	200103606812
NAME		CITY-ST-ZIP	05/31/07--01025--011 ***500.00
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NAME		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: [Signature] 4-24-07 787-367-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE