

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A03000001017

1. Entity Name
GCVF, LTD.



APPROVED
AND
FILED
04 MAY -4 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business
2180 IMMOKALEE ROAD, SUITE 311
NAPLES FL 34110

Mailing Address
2180 IMMOKALEE ROAD, SUITE 311
NAPLES FL 34110

2. Principal Place of Business
2180 IMMOKALEE RD
Suite, Apt. #, etc.
SUITE 312

3. Mailing Address
791 WYE RD
Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
AKRON, OH

Zip
34110

Country

Zip
44333

Country

4. FEI Number
56-2378912

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MEYERSON, ROBERT F
2180 IMMOKALEE ROAD, SUITE 311
NAPLES FL 34110

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2180 IMMOKALEE RD SUITE 312
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. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 799,437.58

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MEYERSON, ROBERT F	2180 IMMOKALEE ROAD, SUITE 311	NAPLES FL 34110

13. ADDRESS CHANGES ONLY

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

Date 4/22/04

Daytime Phone # (330) 666-6380