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

	DUE BY M	· · · · · · · · · · · · · · · · · · ·				
DOCUMENT # A0300001017 1. Entity Name				APPRUYELL AND FILED		
GCVF, LTD.				0/ 4/04 /	Du	
			Too we want	04 MAY -4	PM 4: 37	
	e of Business	Mailing Address		SECRETARY	OF STATE	
2480 IMMOKALEE ROAD, SUITE 311 2180 IMMOKALEE ROAD NAPLES FL 34110 NAPLES FL 34110			D, SUITE 311	TALLAHASSE	E. FLORIDA	
		1				
2. Principal Place of Business 2180 Immokalee RD 3. Mailing Address 791 WYE RD]		
Suite, Apt. #, etc. Suite, Apt. #, etc.				MOORE	CR2E003 (11/03)	
		City & State AKROA , OH		4. FEI Number 56 - 2378912	Applied For Not Applicable	
Zip 3411		Zip	Country	Certificate of Status Desired	\$8.75 Additional	
3411		44333			Fee Required	
6. Name and Address of Current Registered Agent MEYERSON, ROBERT F			7. Name and Address of New Registered Agent Name			
2180 IMMOKALEE ROAD, SUITE 311				Street Address (P.O. Box Number is Not Acceptable) 2180		
NAPLES FL 34110				1,-		
()			City		Zip Code	
8. The above named entity story's rats 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 particular and title it applicable.						
9. Capital Co		10. Amount of Capital in FŁORIDA to dat		11. MAKE CHE	CK PAYABLE TO FL. DEPT. OF STATE	
as Shown on record. in FLORIDA to date. 749, 437.58 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 13. ADDRESS CHANGES ONLY						
DOCUMENT #	GENETA CAMPING	THE CHAPTER OF	STREET ADDRESS	ADDITEGO O	Wildes Offer	
NAME STREET ADDRESS	MEYERSON, ROBERT F		STILLY ADDICES			
CITY-ST-ZIP	2180 IMMOKALEE ROAD, SUITE 311 NAPLES FL ₃ 34110		CITY-ST-ZIP		•	
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CITY-ST-ZIP				700036552417 		
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CITY-ST-ZIP	"		City-St-ZiP			
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CM/-ST-ZIP			CITY-ST-ZIP			
	certify that the information appoiled with	this filing does not qualify for t	the exemption stated in S	Section 119.07(3)(i), Florida Statute	s. I further certify that the information	
indicated the receiv	certify that the information supplied with ton this report is true and accurate and ver or trustee empowered to execute in	thanmy signature shall have the	ne same legal effect as if er 620. Florida Statutes	made under oath; that I am a Gene	eral Partner of the limited partnership or	

(330) 666-6380

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: