


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

| | | | |
|--|---------|---|---------|
| DOCUMENT # A03000001017 | |  | |
| 1. Entity Name GCVF, LTD. | | | |
| Principal Place of Business 2180 IMMOKALEE ROAD, SUITE 312 NAPLES FL 34110 | | Mailing Address 2180 IMMOKALEE ROAD, SUITE 312 NAPLES FL 34110 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED

2005 APR 20 AM 8: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

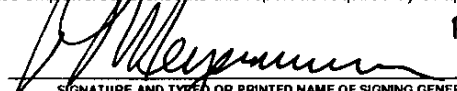
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|---|-----------------|--|------------|
| 4. FEI Number 56-2378912 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MEYERSON, ROBERT F 2180 IMMOKALEE ROAD, SUITE 312 NAPLES FL 34110 | | 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 _____ | |
| 9. Capital Contributions as Shown on record. | \$10,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 952,796.94 |

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 | 2180 IMMOKALEE RD., SUITE 312 |
| NAME | MEYERSON, ROBERT F | CITY-ST-ZIP | |
| STREET ADDRESS | 2180 IMMOKALEE ROAD, SUITE 311 | | |
| CITY-ST-ZIP | NAPLES FL 34110 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
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| NAME | | CITY-ST-ZIP | |
| 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:  **ROBERT F. MEYERSON**
GENERAL PARTNER 4/15/05 330-666-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE