## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

Due By May 1, 2007						FILED
DOCUMENT # A0400000962  1. Entity Name GSR INVESTMENTS LTD.						2007 APR 11 AM 9: 58
Principal Place of Business Mailing Address 5201-102ND AVENUE NORTH 5201-102ND AVENUE N PINELLAS PARK, FL 33782 PINELLAS PARK, FL 3378						SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box #  911 CHESTNUT ST.  Suite, Apt. #, etc.		3. Mailing Address 911 CHESTNUT ST. Suite, Apt. #, etc.			03302007 Chg-LP CR2E003 (12/06)	
Zip	COUNTRY COUNTRY	City & State CLEARWATE	R, F			4. FEI Number Applied For 20-1251257 Not Applicable  5. Certificate of Status Desired   \$8.75 Additional
3375V		33756	us	ŞA		Fee Required
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent
RUPPEL, DENNIS G 5201-102ND AVENUE NORTH PINELLAS PARK, FL 33782				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 Squeture, 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		13.		- Carrierit	ADDRESS CHANGES ONLY
DOCUMENT / NAME STREET ADDRESS	L04000044459 RUPPEL 8, LLC 5201-102ND AVENUE NORTH			EET ADDRESS		911 CHESTNUT ST.
CITY-ST-ZIP  DOCUMENT #  NAME	PINELLAS PARK, FL 33782		╂	EET ADDRESS	CL	EARWATER, FL. 33756
STREET ADDRESS CITY-ST-ZIP			CITY	-St-ZIP		<del>800096790976</del> 04/13/0701036021 **500.00
DOCUMENT # NAME STREET ADDRESS			STRE	eet adoress		
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NAME STREET ADORESS CITY-ST-ZIP				EET ADORESS -ST-ZIP		
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STREET ADDRESS CITY+ST+ZIP			CITY	-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS			STRE	EET ADDRESS		
CITY-ST-ZIP			CITY	-ST-ZIP		
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:  03/30/07  727-46/-1818						
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Da						