2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0400001000

1. Entity Name
GSS PARTNERS, LLLP



Principal Place of Business

2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431 Mailing Address

2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431

FILED Mar 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02052007 No Chg-LP

CR2E003 (12/06)

Fee Required

4. FEI Number
56-2466675

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GSS EQUITY, LLC 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

| 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. | | |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0 | 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 | |
| DOCUMENT # | L04000045967 | |
| NAME | GSS EQUITY, LLC | 1100000004000 |
| STREET ADDRESS | 2300 GLADES ROAD, STE. 100E | 000000664366 03/22/07-80042-005 500.00 |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | U3/22/U(~8UU42~UU3 3UU.UU |
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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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING G

William R. Greenfield

2/15/00

561-392-6662

Daytime Prione #