2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A0400001000

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 Apr 08, 2008 08:00 All Secretary of State



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01282008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 56-2466675 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.	in the State of Florida. I am familiar with, and accept
SIGNATURE	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
A ANDREAS DA BRUCE DE CARLOS A DESCRIPTOR DE MODERNA DE MANAGEMENT AND A ATRIC MOTHER THAN APPLIAN	

EENERAL 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.

· GENERAL PARTNER INFORMATION 12. L04000045967 DOCUMENT # NAME GSS EQUITY, LLC STREET ADDRESS 2300 GLADES ROAD, STE. 100E CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMEN! # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STAPLE CHECK NAME STREET ADDRESS

U00000886621 n4/18/n8-80064-020 500.00

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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:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William R. Greenfield