


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
May 05, 2006 08:00 AM
Secretary of State**

DOCUMENT # A04000001138					
1. Entity Name GPSC, LTD.					
Principal Place of Business 333 TAMiami TRAIL SOUTH SUITE 101 - THE TANDEM CENTER VENICE, FL 34285 US			Mailing Address 333 TAMiami TRAIL SOUTH SUITE 101 - THE TANDEM CENTER VENICE, FL 34285 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, MICHAEL W 333 TAMiami TRAIL SOUTH SUITE 101 - THE TANDEM CENTER VENICE, FL 34285				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 _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000103087		STREET ADDRESS		
NAME	GALPLAZA, INC.		CITY - ST - ZIP		
STREET ADDRESS	333 TAMiami TRAIL SOUTH				
CITY - ST - ZIP	VENICE, FL 34285				
DOCUMENT #			STREET ADDRESS	U00000563941	
NAME			CITY - ST - ZIP	05/20/06 80034-008 500.00	
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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: _____				4-6-06 941-441-1380	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE