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

SIGNATURE:

TALLAHASSEE, FLORIDA **DOCUMENT # A0400001138** 1. Entity Name GPSC, LTD. 08 MAY -7 PM 1:52 Principal Place of Business Mailing Address 333 TAMIAMI TRAIL SOUTH 333 TAMIAMI TRAIL SOUTH SUITE 101 - THE TANDEM CENTER SUITE 101 - THE TANDEM CENTER VENICE, FL 34285 US VENICE, FL 34285 2. Principal Place of Business - No P.O. Box # 333 S. Iamiam. Irai 3. Mailing Address 333 S. Tamiami Trail Suite, Apt. #, etc uite, Apt. #, etc. 04302008 Chg-LP CR2E003 (12/06) Duite ute City & State City & State 4. FEI Number Applied For enice Fu 56-2469388 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, MICHAEL W Street Address (P.O. Box Number is Not Acceptable). 333 TAMIAMI TRAIL SOUTH SUITE 101 - THE TANDEM CENTER VENICE, FL 34285 8. The above named entity a omits this statement for the chapping its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of regis agent 4 SIGNATURE FILE NOW!!! FEE IS \$500.00 --01002· \*\*500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P04000103087 DOCUMENT # 333 S. Tamiami Trail, Ste. 203 STREET ADDRESS NAME GALPLAZA, INC. STREET ADDRESS 333 TAMIAMI TRAIL SOUTH CITY-ST-7IP Venice, FC 34285 CITY-ST-ZIP VENICE, FL 34285 DOCUMENT# STREET ANDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAPL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP 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 effect this report as required by Chapter 620, Florida Statutes

ME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED

SECRETARY OF STATE