

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000001746
1. Entity Name
GILMAN INVESTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 AM 11:08

Principal Place of Business
1700 SOUTH OCEAN BOULEVARD
PH B/D
POMPANO BEACH FL 33062
US

Mailing Address
P. O. BOX 11007
FORT LAUDERDALE FL 33339
US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

AS

1ST MOORE CR2E003 (10/04)

City & State
Zip Country

4. FEI Number
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**MCLAUGHLIN, GREGORY A ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent
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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$5250**

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 #	L04000080549	STREET ADDRESS	
NAME	GILMAN INVESTMENTS, LC	CITY-ST-ZIP	
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD, PH B/D		
CITY-ST-ZIP	POMPANO BEACH FL 33062		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500056299645
NAME		CITY-ST-ZIP	06/17/05--01029--010 **52.50
STREET ADDRESS			500056299645
CITY-ST-ZIP			06/17/05--01029--011 **88.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David Gilman* **DAVID GILMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

18 APR 2005 954941
Date Daytime Phone #
4300