
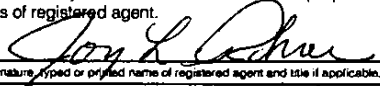



2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

FILED  
Apr 22, 2005 8:00 am  
Secretary of State

DOCUMENT # A05000000037					
1. Entity Name GOOD VALUE LIMITED PARTNERSHIP					
Principal Place of Business 715 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483			Mailing Address 6682 HATTERAS DRIVE LAKE WORTH, FL 33467		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 27-0110713				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVERI, EPIFANIA 9 CROSSING CIRCLE APT. B BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name: Joy LaDelfa ROHRER Street Address (P.O. Box Number is Not Acceptable): 715 GEORGE BUSH Blvd City: Delray Beach FL Zip Code: 33483	
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: 4/13/05					
9. Capital Contributions as Shown on record. \$180,000.00			10. Amount of Capital Contributions in FLORIDA to date. 180,000.00		
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 #	NAME		STREET ADDRESS		
NAME	OLIVERI, EPIFANIA		CITY - ST - ZIP		
STREET ADDRESS	9 CROSSING CIRCLE APT. B				
CITY - ST - ZIP	BOYNTON BEACH, FL 33435				
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STREET ADDRESS					
CITY - ST - ZIP					
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: 			Date: 4/13/05 Daytime Phone #: 561-265-1998		

STAPLE CHECK HERE