


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A0600000298	
1. Entity Name GALI HOLDINGS LIMITED	

FILED
07 APR 23 AM 7: 54
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY, SUITE 200 MIAMI, FL 33145	Mailing Address C/O CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY, SUITE 200 MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01222007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4383832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY, SUITE 200 MIAMI, FL 33145	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.

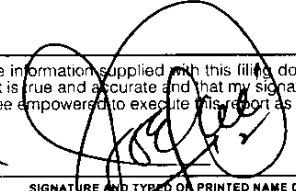
**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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 #	P06000027379	STREET ADDRESS	200099069992 04/27/07-01005-008 **508.75
NAME	PETITTON, INC.	CITY-ST-ZIP	
STREET ADDRESS	C/O 2300 CORAL WAY, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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:  **4/13/07** (305) 830 0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

JOEL GAIL, DIRECTOR