

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

**FILED**

2007 MAR 27 AM 10: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A06000000974</b> 1. Entity Name GNB INTERNATIONAL HOLDINGS, LLLP					
Principal Place of Business % GARY N. BROWN, NORDIS 4401 NW 124TH AVENUE CORAL SPRINGS, FL 33065			Mailing Address % GARY N. BROWN, NORDIS 4401 NW 124TH AVENUE CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-5332477</div>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33330-1				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L06000077191 GNB INTERNATIONAL INVESTMENTS, LLC 4401 NW 124TH AVENUE CORAL SPRINGS, FL 33065		STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <div style="font-size: 0.8em;">100005702404</div> <div style="font-size: 0.8em;">04/03/07--01055--007 **508.75</div> </div>	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<div style="text-align: right;"> <div style="font-size: 1.2em; font-weight: bold;">1-11-07</div> <div style="font-size: 1.2em; font-weight: bold;">954-3230070</div> </div> <div style="text-align: right; font-size: 0.8em;">             Date Daytime Phone #           </div>		

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