2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAY -7 PM 1:52

DOCUMENT # A07000000776

1. Entity Name
GPSC 2, LTD.

Principal Place of Business	Mailing Address
333 SOUTH TAMIAMI TRAIL SUITE 101 VENICE, FL 34285	333 SOUTH TAMIAMI TRAIL SUITE 101 VENICE, FL 34285

04302008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
333 S. Tamiami Trail		333 S. Tamiami Trail	
Suite, Apt. #, etc.: Suite 203		Suite, Apt. #, etc.: Suite 203	
City & State: Venice, FL		City & State: Venice, FL	
Zip: 34285	Country	Zip: 34285	Country

4. FEI Number: 26-0334011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, MICHAEL W 333 SOUTH TAMIAMI TRAIL SUITE 101 VENICE, FL 34285	Name Street Address (P.O. Box Number is Not Acceptable) 333 S. Tamiami Trail Suite 203 City Venice FL Zip Code 34285

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 [signature] 5/1/08
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

400128679054
05/07/08--01002--016 **500.00

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 #	P04000103087	STREET ADDRESS	333 S. Tamiami Trail, Ste. 203
NAME	GALPLAZA, INC.		
STREET ADDRESS	333 SOUTH TAMIAMI TRAIL	CITY-ST-ZIP	Venice, FL 34285
CITY-ST-ZIP	VENICE, FL 34285		
DOCUMENT #		STREET ADDRESS	
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-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
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: [signature] 5/1/08 941-441-1651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #