
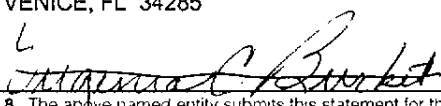


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A27501					
1. Entity Name G & P LIMITED PARTNERSHIP, AN ILLINOIS LIMITED PARTNERSHIP					
Principal Place of Business 11045 ASHBROOK LANE INDIANHEAD PARK, IL 60525			Mailing Address 11045 ASHBROOK LANE INDIANHEAD PARK, IL 60525		
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 59-2769968	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEACOCK, THOMAS J JR CPA 133 S. HARBOR DRIVE VENICE, FL 34285 				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. Virginia C. Burkett 4-12-04 SIGNATURE DATE					
9. Capital Contributions as Shown on record \$200,000.00			10. Amount of Capital Contributions in FLORIDA to date		
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 #	M02000000387		STREET ADDRESS		
NAME	V-GP, LLC		CITY- ST- ZIP		
STREET ADDRESS	11045 ASHBROOK LANE				
CITY- ST- ZIP	INDIANHEAD PARK, IL 60525				
DOCUMENT #			STREET ADDRESS	000000135844	
NAME			CITY- ST- ZIP	04/29/04-80003-014 526.25	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE