

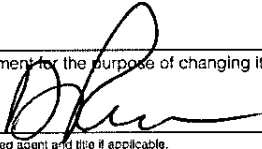
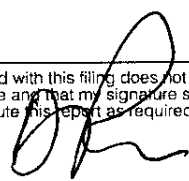


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000000324 1. Entity Name GIA PROPERTIES OF VOLUSIA, LTD.				FILED 04 APR 16 PM 4:31 TALLAHASSEE FLORIDA	
Principal Place of Business 0201 N. CLYDE MORRIS BLVD. SUITE 100 DAYTONA BEACH, FL 32114		Mailing Address 0201 N. CLYDE MORRIS BLVD. SUITE 100 DAYTONA BEACH, FL 32114			
2. Principal Place of Business 3635 S. Clyde Morris Blvd Suite, Apt. #, etc. 100		3. Mailing Address 3635 S. Clyde Morris Blvd. Suite, Apt. #, etc. 100		03222004 Chg-LP CR2E003 (10/03) 4/16	
City & State Port Orange, FL		City & State Port Orange, FL		4. FEI Number 59-3233856	
Zip 32129		Zip 32129		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICCI, DONATO R 0201 N. CLYDE MORRIS BLVD. SUITE 100 DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3635 S. Clyde Morris Blvd. Suite 100 City Port Orange FL Zip Code 32129		
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 3-23-04					
9. Capital Contributions as Shown on record. \$500,000.00		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 # P94000018173 NAME GIA GLOBAL INVESTING CORPORATION STREET ADDRESS 0201 N. CLYDE MORRIS BLVD. CITY-ST-ZIP DAYTONA BEACH, FL 32114			STREET ADDRESS 3635 S. Clyde Morris Blvd, # 100 CITY-ST-ZIP Port Orange, FL 32129		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP 000034509960 04/29/04--01005--004 **526.25		
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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 3-23-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____					

STAPLE CHECK HERE