

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 FEB -8 AM 8: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership <b>GF SPA, LTD.</b>		1a. DOCUMENT # <b>A95000001491</b>	
2. Mailing Address <b>7688 MUNICIPAL DR Suite, Apt. #, etc.</b>		2a. Principal Office Address <b>7688 MUNICIPAL DR Suite, Apt. #, etc.</b>	
3. Date Formed or Registered <b>10/05/1995</b>		5a. Capital Contributions as Shown on record. <b>\$10,000.00</b>	
3a. Date of Last Report <b>01/02/1998</b>		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>59-3337151</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>BRYAN, NIKI T 7688 MUNICIPAL DR ORLANDO FL 32819</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) <b>7688 MUNICIPAL DR</b> Suite, Apt. #, etc. City	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>NIKI BRYAN FAMILY LIMITED PA</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>390 NORTH ORANGE AVE.</b>	11b. City, State & Zip Code <b>ORLANDO FL 32801</b>	11c. Registration/Document Number <b>A95000001446</b>
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 680, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form **NIKI T BRYAN**

Daytime Telephone Number **407-370-9343**

CR2E003 (8/98)