


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 26 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000329		
1. Entity Name GILLER GROUP, LTD.		

Principal Place of Business 975 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140	Mailing Address 975 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140
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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



03162007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0654078	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILLER, NORMAN M 975 ARTHUR GODFREY RD. SUITE 401 MIAMI BEACH, FL 33140	
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7. Name and Address of New Registered Agent	
Name ANITA S. GILLER GROSSMAN	
Street Address (P.O. Box Number is Not Acceptable) 975 ARTHUR GODFREY RD	
SUITE 401	
City MIAMI BEACH	FL Zip Code 33140

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 <i>Anita S. Giller Grossman</i> Signature, typed or printed name of registered agent and title if applicable	DATE 3/19/07 of AIB, Inc

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000014712 AIB GILLER, INC. 975 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

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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	
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SIGNATURE: *Anita S. Giller Grossman* Anita S. Giller Grossman 3/19/07 305-538-6324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE