

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000000476**

1. Entity Name  
**GDA INVESTMENTS, LTD.**



Principal Place of Business  
**42 S. PENINSULA DR  
DAYTONA BEACH, FL 32118**

Mailing Address  
**42 S. PENINSULA DR  
DAYTONA BEACH, FL 32118**



05102007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3365397</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GORNT0, L. A JR.,ESQ  
149-F S. RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

**U000008764151**  
**05/30/07-80045-006 500.00**  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ANDERSON, GEORGE D TRUSTEE  
42 S. PENINSULA DR  
DAYTONA BEACH, FL 32118**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ANDERSON, GEORGE D  
3010 S. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ANDERSON, GRETCHEN L  
3010 S. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *George D Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5-10-07**  
Date

Daytime Phone #

STAPLE CHECK HERE