2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

ma,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: -

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A9600000476 1. Entity Name 08 MAY -1 PM 4: 28 GDA INVESTMENTS, LTD. Principal Place of Business Mailing Address 42 S. PENINSULA DR 42 S. PENINSULA DR DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 315 No Allantic 315 W. Atlantic Ave Suite, Apt. #, etc. 04282008 Chg-LP CR2E003 (12/06) Cin & State 4. FEI Number Applied For Borce 59-3365397 Not Applicable \$8.75 Additional 10.5. 5. Certificate of Status Desired V.5 Fee Required 7. Name and Address of the Registered Agent 6. Name and Address of Current Registered Agent bornto, L.A. JR ESO GORNTO, L. A JR., ESQ. Street Address (P.O. Box Number is Not Acceptable) 149-F S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 Serbreeze Blud. 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME ANDERSON, GEORGE D TRUSTEE STREET ADDRESS 42 S. PENINSULA DR CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32118 DOCUMENT # STREET ADDRESS ANDERSON, GEORGE D NAME STREET ADDRESS 3010 S. PENINSULA DRIVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32118 DOCUMENT # 300128087443 STREET ADDRESS ANDERSON, GRETCHEN L STREET ADDRESS 3010 S. PENINSULA DRIVE CITY-ST-ZIP CHTY-ST-ZIP DAYTONA BEACH, FL 32118 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 14. 1 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 employered to execute this report as required by Chapter 620, Florida Statutes