

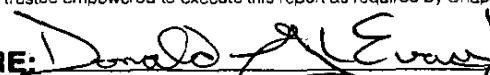


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 27 AM 9:25

DOCUMENT # A96000001209					
1. Entity Name GNA REAL PROPERTIES, LTD.					
Principal Place of Business 175 N.W. 139 STREET MIAMI, FL 33168			Mailing Address 175 N.W. 139 STREET MIAMI, FL 33168		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0764709	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EVANS, DONALD G 1004 N.E. 115 STREET MIAMI, FL 33161			Name DONALD G. EVANS, JR. Street Address (P.O. Box Number is Not Acceptable) 1004 N.E. 115 STREET City BISCAYNE PARK FL Zip Code 33161		
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: 2/24/04		
9. Capital Contributions as Shown on record. \$138,000.00		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 #	P96000026127		STREET ADDRESS		
NAME	GNA PROPERTY MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	175 N.W. 139 STREET				
CITY-ST-ZIP	MIAMI, FL 33168				
DOCUMENT #			STREET ADDRESS	500030234005	
NAME			CITY-ST-ZIP	03/10/04--01049--023 **526.25	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 2/24/04		DAYTIME PHONE #: 305 688 0082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE		DAYTIME PHONE #



02102004 Chg-LP CR2E003 (10/03)

PLEASE CHECK HERE