


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Mar 18, 2005 08:00 AM
Secretary of State**

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



02162005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0764709

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EVANS, JR, DONALD G
1004 N.E. 115 STREET
BISCAYNE PARK, FL 33161

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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	
NAME		CITY-ST-ZIP	1100000267703
STREET ADDRESS			03/18/05-80014-004 526.25
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 820, Florida Statutes

SIGNATURE: Donald G. Evans DATE: 3/13/05 DAYTIME PHONE #: 305 688 0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER