## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **Secretary of State** DOCUMENT # A96000001209 1. Entity Name GNA REAL PROPERTIES, LTD. Principal Place of Business Malling Address 175 N.W. 139 STREET 175 N.W. 139 STREET MIAMI, FL 33168 MIAMI, FL 33168 02022006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0764709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, JR. DONALD G DO NOT WRITE 1004 N.E. 115 STREET **BISCAYNE PARK, FL 33161** 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 primed name of registered apent and title if applicable. FILE NOW!!! FEE 18 \$500.00 After May 1, 2006, 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 DOCUMENT # P96000026127 GNA PROPERTY MANAGEMENT, INC. NAME STREET ADDRESS 175 N.W. 139 STREET U00000580888 CITY -ST-ZIP MIAMI, FL 33168 04/25/06-80039-010 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP OCCUMENT ! NAME DO NOT WRITE STREET ATMORESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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14. I hereby certify that the information supplied with this filling 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.

COTY-ST-ZIP

DOCUMENT (

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THESE OR PRINTED NAME OF SIGNATURE AND THE SIGNATURE AND