

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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001981</b> 1. Entity Name <b>GALLERY CENTER ASSOCIATES, LTD.</b>					
Principal Place of Business <b>7777 GLADES ROAD, SUITE 310</b> <b>BOCA RATON, FL 33434</b>			Mailing Address <b>7777 GLADES ROAD, SUITE 310</b> <b>BOCA RATON, FL 33434</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01042005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>65-0705315</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHMIER, ROBERT J</b> <b>7777 GLADES ROAD, SUITE 310</b> <b>BOCA RATON, FL 33434</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL    Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. — <b>\$99.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P96000081063</b> <b>GALLERY CENTER INVESTORS CORP.</b> <b>7777 GLADES ROAD, SUITE 310</b> <b>BOCA RATON, FL 33434</b>		STREET ADDRESS CITY - ST - ZIP	<b>U000000363856</b> <b>05/06/05-60017-009 150.00</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP		
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 620, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <b>Robert J. Schmier, Pres.</b>			April 28, 2005    561-483-8400 <small>Date    Daytime Phone #</small>		

STAPLE CHECK HERE