


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

**FILED
Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # A96000002198

1. Entity Name
G.I. GROUP, LTD.



Principal Place of Business
2140 WEST 68TH STREET, SUITE 300
HIALEAH, FL 33016

Mailing Address
P.O. BOX 56-0624
MIAMI, FL 33256



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03252004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0740737

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

PADILLA, VICTOR M III
2140 WEST 68TH STREET, SUITE 300
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

9. 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. **\$87,615.00**

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	
DOCUMENT #	P96000037083
NAME	G.I. AFFILIATES, INC.
STREET ADDRESS	2140 WEST 68TH STREET, #305
CITY-ST-ZIP	HIALEAH, FL 33018
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000000156521 05/06/04-80002-020 526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: [Signature] Date 4/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #