


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

**FILED
May 05, 2005 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 Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

04212005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number: 65-0740737
Applied For: Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. \$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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000037063
NAME G.I. AFFILIATES, INC.
STREET ADDRESS 2140 WEST 68TH STREET, #305
CITY-ST-ZIP HIALEAH, FL 33018

STREET ADDRESS
CITY-ST-ZIP
1100000362124
05/05/05-80102-009 526.25

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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

STAPLE CHECK HERE

SIGNATURE:  4/21/05 305 822-4107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #