


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

**FILED
Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # A96000002198 1. Entity Name G.I. GROUP, LTD.	
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Principal Place of Business 2140 WEST 68TH STREET, SUITE 300 HIALEAH, FL 33016	Mailing Address P.O. BOX 56-0624 MIAMI, FL 33256
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03232006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0740737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000037063 G.I. AFFILIATES, INC. 2140 WEST 68TH STREET, #305 HIALEAH, FL 33018
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U00000538762
05/09/06-80074-008 500.00

STAPLE CHECK HERE

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

SIGNATURE:  4/3/06 305 8224107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Victor M. Padilla, III, MD Daytime Phone # _____