


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000002198

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



Principal Place of Business Mailing Address
2140 WEST 68TH STREET, SUITE 300 **P.O. BOX 56-0624**
HIALEAH, FL 33016 **MIAMI, FL 33256**

DO NOT WRITE IN THIS SPACE



04092008 No Chg-LP CR2E003 (12/06)

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, familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable

05/21/08-80119-016 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

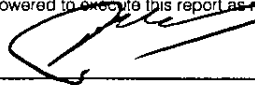
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000037063
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	

DO NOT WRITE IN THIS SPACE

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:  Date: **4/10/08** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER