


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

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000028</b> 1. Entity Name <b>GEB GP, LTD.</b>					
Principal Place of Business <b>7757 W. FLAGLER ST., STE 200</b> <b>MIAMI, FL 33144</b>			Mailing Address <b>7757 WEST FLAGLER STREET, SUITE 200</b> <b>MIAMI, FL 33144</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0729146</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SCHECK, ELISE ESQ.</b> <b>SMOLER, LERMAN, BENTE &amp; WHITEBOOK, P.A.</b> <b>2611 HOLLYWOOD BLVD</b> <b>HOLLYWOOD, FL 33020</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 title, if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$900.00</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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # <b>P96000087363</b> NAME <b>G.E.B. COMPUTER TRAINING INC.</b> STREET ADDRESS <b>7757 W. FLAGLER ST., STE 200</b> CITY- ST- ZIP <b>MIAMI, FL 33144</b>			STREET ADDRESS CITY- ST- ZIP		
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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 520, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



02262004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0729146 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 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. \$900.00  
 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.**

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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Calc Daytime Phone #

STAPLE CHECK HERE