


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A97000000346 1. Entity Name GILBERT WATERS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1740 WISCONSIN LN SARASOTA FL 34239	Mailing Address 1740 WISCONSIN LN SARASOTA FL 34239
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED

04 JUN -4 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



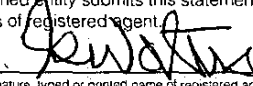
MOORE CR2E003 (11/03)

4. FEI Number 65-0738571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WATERS, GILBERT 1740 WISCONSIN LN SARASOTA FL 34239	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 136 GOLDEN GATE POINT #102 City SARASOTA FL Zip Code 34236
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THIS IS AN ADDRESS CHANGE ONLY

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: _____

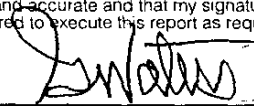
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,178,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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												
<table border="1" style="width:100%"> <tr> <td style="width:20%">DOCUMENT #</td> <td>P96000095176</td> </tr> <tr> <td>NAME</td> <td>G.W. INVESTMENTS, INC.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1740 WISCONSIN LN</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34239</td> </tr> </table>	DOCUMENT #	P96000095176	NAME	G.W. INVESTMENTS, INC.	STREET ADDRESS	1740 WISCONSIN LN	CITY-ST-ZIP	SARASOTA FL 34239	<table border="1" style="width:100%"> <tr> <td style="width:40%">STREET ADDRESS</td> <td>100037820651</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>06/11/04--01034--003 **526.25</td> </tr> </table>	STREET ADDRESS	100037820651	CITY-ST-ZIP	06/11/04--01034--003 **526.25
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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 620, Florida Statutes.

SIGNATURE:  Date: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE