


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000346</b>	
<b>1. Entity Name</b> GILBERT WATERS FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 1740 WISCONSIN LN SARASOTA FL 34239	<b>Mailing Address</b> 1740 WISCONSIN LN SARASOTA FL 34239
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

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

<b>6. Name and Address of Current Registered Agent</b>  WATERS, GILBERT 136 GOLDEN GATE POINT #102 SARASOTA FL 34236	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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<b>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.</b>	<b>11. FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
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<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>
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<b>9. Capital Contributions as Shown on record.</b> — \$2,178,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 2,178,000
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> P96000095176	<b>NAME</b> G.W. INVESTMENTS, INC.	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 1740 WISCONSIN LN		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b> SARASOTA FL 34239			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			
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<b>CITY-ST-ZIP</b>			

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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)(f), 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**

<b>SIGNATURE:</b> 	<b>3/15/05</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>	<b>Date</b>
	<b>Daytime Phone #</b>

STAPLE CHECK HERE