


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000629</b>					
<b>1. Entity Name</b> THE GINABERN FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 1047 BAL ISLE DRIVE FORT MYERS, FL 33907			<b>Mailing Address</b> 1047 BAL ISLE DRIVE FORT MYERS, FL 33907		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		03282005    Chg-LP    CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 65-0735890	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<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>  STAFSTROM, TINA 1047 BAL ISLE DRIVE FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<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>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions</b> as Shown on record, \$578,000.00			<b>10. Amount of Capital Contributions</b> 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>		
<b>DOCUMENT #</b> P96000071598	<b>NAME</b> T.G.D. CORPORATION		<b>STREET ADDRESS</b>	1000000331120 04/26/05-80005-002 526.25	
<b>STREET ADDRESS</b> 1047 BAL ISLE DRIVE	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33907		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
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<b>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</b>					
<b>SIGNATURE:</b> <i>Tina Kewelestap</i>			Date: 4-5-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		

STAPLE CHECK HERE