2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR)
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SINGULE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Richard W. Baker

SIGNATURE:

DOCU 1. Entity Nar	MENT # A9700	0001355			٠.	· .		T	
GGI, LTI	).				FII	_ED			
Principal Place of Business 3910 U.S. HIGHWAY 301 NORTH, SUITE 140 TAMPA FL 33619		Mailing Address C/O J. BOB HUMPHRIES. ESQUIRE 501 EAST KENNEDY BLVD SUITE 1700 TAMPA FL 33602		O1 APR 23 AM 10: 47  SECRETARY OF STATE TALLANDSSEE ELOPIOA					
2. Principal Place of Business		3. Mailing Address 2535 Success DRIVE							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			PACE		
City & Star	te	DDESS,4 FL		4. FEI Number Applied For Not Applicable					
Zip	Country	zip 33554	Cour	ntry	5. Certificate of	Status Desired		68.75 Additional see Required	
	6. Name and Address of Current !	Registered Agent			7. Name and A	ddress of New Rec	Istered A	gent	
HUMPHRIES, J. BOB ESQ. FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602				Street Address (	d W. Baker s (P.O. Box Number is Not Acceptable) uccess Drive  FL Zip Code 33556				
8. The above SIGNATURE 9. Capital Co	e named entity submits this statement for Signature, typed or printed name of registered agent a portributions	u	E: Registere	d Agent signature required		in the State of Floric	DATE	TO DEPT. OF STATE	
as Shown		in FLORIDA to o	late.		TERED AND AC	SEE REVERSE	SIDE FOR	FEE INFORMATION	
	NOTE: General Partners MA			; an amendmen	t must be filed t				
12. DOCUMENT#	GENERAL PARTNER P98000054546	INFORMATION_	13.			ADDRESS CHAN	GES ONLY	<u></u>	
NAME STREET ADDRESS CITY-ST-ZIP	GGI, INC. SE 2535 SUCCESS DRIVE ODESSA FL 33556			-ST-ZIP					
DOCUMENT #	ODESON TE GOOD		STRE	ET ADDRESS		<u></u>	·	· -	
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STREET ADDRESS CITY-ST-ZIP			<u> </u>	-ST-ZIP					
indicated	certify that the information supplied with the on this report is true and accurate and the or trustee empowered to execute this	nat my signature shall have	the same	e legal effect as if m	ction 119.07(3)(i), I nade under oath; th	Florida Statutes. I fu at I am a General P	rther certif artner of th	y that the information le limited partnership or	

Date

Daytime Phone #