


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001113	
1. Entity Name GALI, LTD	

Principal Place of Business 355 WASHINGTON AVENUE MIAMI BEACH FL 33139	Mailing Address 1680 MICHIGAN AVENUE, SUITE 1104 MIAMI BEACH FL 33139
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0848424	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 MARTINEZ, LAZARO W 1680 MICHIGAN AVENUE, SUITE 1104 MIAMI BEACH FL 33139
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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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

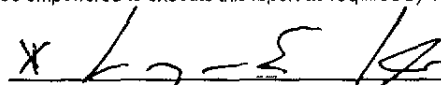
9. Capital Contributions as Shown on record. \$70,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P98000040220	NAME OPIE, INC.	STREET ADDRESS	
STREET ADDRESS 1680 MICHIGAN AVENUE, SUITE 1104		CITY- ST- ZIP	
CITY- ST- ZIP MIAMI BEACH FL 33139			
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04/30/05-80056-003 526.25

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: 	4/21/05	534-8734
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE