

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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002616</b> 1. Entity Name <b>G.S.M. OF PALM BEACH, LTD.</b>					
Principal Place of Business <b>4000 OKEECHOBEE BOULEVARD WEST PALM BEACH FL 33409</b>			Mailing Address <b>4000 OKEECHOBEE BOULEVARD WEST PALM BEACH FL 33409</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RICHARD E. BASTIN 486 MARINER DRIVE JUPITER FL 33477</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>	
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 <u><i>Richard E. Bastin</i></u> <span style="float: right;">N.A. RES</span> <span style="float: right;">4/15/04</span> <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>					
9. Capital Contributions as Shown on record.		\$7,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000087567		STREET ADDRESS		
NAME	G.S.M. OF PALM BEACH, INC.		CITY - ST - ZIP		
STREET ADDRESS	4000 OKEECHOBEE BOULEVARD				
CITY - ST - ZIP	WEST PALM BEACH FL 33409		STREET ADDRESS	U000000133211	
			CITY - ST - ZIP	04/27/04-80078-015 526.25	
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			CITY - ST - ZIP		
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: <u><i>Richard E. Bastin</i></u>			5616896363 4/15/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE