2004 ENVITE: PARTNERSHIP ANNUAL REPORT

DOCUMENT # A98000002924 FILED 1. Entity Name G.S.J., LTD. 2004 APR 21 PM 3: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1004 US HWY 19, #202 P.O. BOX 1562 TARPON SPRINGS, FL 34688 HOLIDAY, FL 34691 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 Chg-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number 59-3568697 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. - Street Address (P.O. Box Number is Not Acceptable) --343 ALMERIA AVENUE- --CORAL GABLES, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$10,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY 13. S31364 DOCUMENT # STREET ADDRESS NAME 2W'S, INC. 1004 US HWY 19, SUITE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY, FL 34691 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS 200035800892 05/10/04--01036--014 **167 CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I herety 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