

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000000144 1. Entity Name G.D.W. PARTNERSHIP, LTD.		
Principal Place of Business 17801 NW 2ND AVE. MIAMI, FL 33169		
2. Principal Place of Business <i>16805 NW 12th AVE</i>		3. Mailing Address <i>16805 NW 12th AVE</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>
Zip <i>33169</i>	Country <i>DADE</i>	Zip <i>33169</i>
Country <i>DADE</i>		Country <i>DADE</i>

FILED

04 APR 29 AM 10:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04272004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent FINK, BRIAN L 169 EAST FLAGLER STREET, SUITE 1700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$750.00	10. Amount of Capital Contributions 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000001654	STREET ADDRESS	
NAME	ROSS DEVELOPMENT CORPORATION	CITY - ST - ZIP	600035842286
STREET ADDRESS	4141 N.E. 2ND AVE., SUITE 203-A		05/10/04--01127--003 **141.25
CITY - ST - ZIP	MIAMI, FL 33137		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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: _____ **4-27-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE