
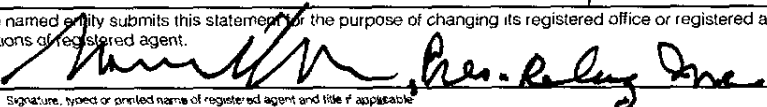


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000193</b> 1. Entity Name <b>GILLER ENTERPRISES, LTD.</b>					
Principal Place of Business <b>C/O THE GILLER BUILDING</b> <b>975 ARTHUR GODFREY ROAD</b> <b>MIAMI BEACH, FL 33140</b>			Mailing Address <b>C/O THE GILLER BUILDING</b> <b>975 ARTHUR GODFREY ROAD</b> <b>MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0896902</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GILLER, NORMAN M</b> <b>975 41ST STREET, SUITE 401</b> <b>MIAMI BEACH, FL 33140</b>			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  <b>Norman M. Giller</b> <span style="float: right;">4/26/04</span> <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$2,542,172.00</b>			10. Amount of Capital Contributions in FLORIDA to date		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P99000007208		STREET ADDRESS		
NAME	RELLIG, INC.		CITY - ST - ZIP		
STREET ADDRESS	975 ARTHUR GODFREY ROAD		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH, FL 33140		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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CITY - ST - ZIP			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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date _____				Daytime Phone # _____	



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