2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

Rec'd FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001844

1. Entity Name
GALT, LTD.

Principal Place of Business	Mailing Address
PO BOX 1001 TAMPA, FL 33601	PO BOX 1001 TAMPA, FL 33601

05112004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3606218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, ROBERT W 100 NORTH TAMPA STREET STE 2120 TAMPA, FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$3,755,000.00		

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 #		STREET ADDRESS	
NAME	RICHMOND, TYSON	CITY-ST-ZIP	
STREET ADDRESS	5010 BAYSHORE BLVD., #7		
CITY-ST-ZIP	TAMPA, FL 33611		
DOCUMENT #		STREET ADDRESS	U00000162070
NAME		CITY-ST-ZIP	06/03/04-80007-007 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Tyson Richmond 5/29/04 813 610 2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #