
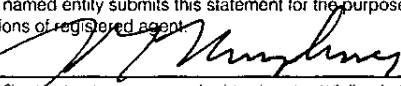
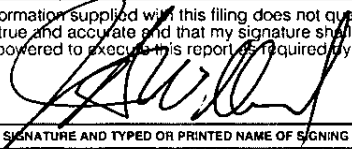


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -8 AM 8:30

DOCUMENT # B02000000408					
1. Entity Name G&A PARTNERS LIMITED PARTNERSHIP					
Principal Place of Business 300 SOUTH ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801			Mailing Address 300 SOUTH ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLARD, JAMES G 300 SOUTH ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801			Name Corporation Company of Orlando		
			Street Address (P.O. Box Number is Not Acceptable) 300 South Orange Ave.		
			Suite 1000 (JGW)		
			City Orlando		FL Zip Code 32801
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 		J. Gregory Humphries, Vice Pres.		March 3, 2005	
9. Capital Contributions as Shown on record. \$1,000.00		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 #	WILLARD, JAMES G		STREET ADDRESS	400048399124 03/15/05--01010--005 **141.25	
NAME	300 SOUTH ORANGE AVENUE, SUITE 1000		CITY-ST-ZIP		
STREET ADDRESS	ORLANDO, FL 32801		CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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					
SIGNATURE: 		James G. Willard		3/3/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	
				407/423-3200	

STAPLE CHECK HERE