

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # B04000000296</b>			
1. Entity Name <b>THE GOLD INVESTMENT GROUP, LP</b>			
Principal Place of Business <b>9 ASPEN COURT BOYNTON BEACH FL 33436</b>		Mailing Address <b>9 ASPEN COURT BOYNTON BEACH FL 33436</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**2005 APR 26 PM 12: 30**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>20-0519679</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>LIPP, ROBERT 9 ASPEN COURT BOYNTON BEACH FL 33436</b>		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.		11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,637,000</b>	

**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 #	<b>L03000055577</b>	STREET ADDRESS	
NAME	<b>THE GOLD INVESTMENT MANAGEMENT GROUP, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>9 ASPEN COURT</b>		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>		
DOCUMENT #		STREET ADDRESS	<b>900054345519</b>
NAME		CITY-ST-ZIP	<b>05/12/05--01072--021 **526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:** *Robert Lipp* **Robert Lipp** **2/25/05** **5617381882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE