

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A07000001162

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** GRACE WESTON LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1045 CROSSPOINTE DRIVE  
SUITE 1  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

1045 CROSSPOINTE DRIVE  
SUITE 1  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 26-1198492      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALBRAITH, BRAD A  
1045 CROSSPOINTE DRIVE  
SUITE 1  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:  
Name: DIAMOND, DAVID B  
Address: 1045 CROSSPOINTE DRIVE  
City-St-Zip: NAPLES, FL 34110

**ADDRESS CHANGES ONLY:**

Address: 6635 WILLOW PARK DRIVE  
City-St-Zip: NAPLES, FL 341109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRAD A. GALBRAITH

ATTY

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date