

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # A00000001550	
1. Entity Name GC PARTNERSHIP, LTD.	



**FILED**

08 MAY -7 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105	Mailing Address 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04172008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3704230	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARINELLI, PAUL J 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105		7. Name and Address of New Registered Agent Name BOAZ, BRADLEY A Street Address (P.O. Box Number is Not Acceptable) 2600 GOLDEN GATE PARKWAY City NAPLES FL Zip Code 34105	
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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 Bradley A Boaz DATE 4/17/08  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 #	G-4 PARTNERSHIP	STREET ADDRESS	2600 GOLDEN GATE PARKWAY
NAME	G-4 PARTNERSHIP	CITY-ST-ZIP	NAPLES, FL 34105
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES, FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

05/07/08-01011-021 \*\*\$500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Amara Sable DATE 4-18-08 (239) 262-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER