

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A00000000954</b>	
1. Entity Name <b>GILMORE FAMILY LIMITED PARTNERSHIP</b>	
Principal Place of Business <b>31 EAST FAIRFIELD DRIVE PENSACOLA, FL 32501</b>	Mailing Address <b>31 EAST FAIRFIELD DRIVE PENSACOLA, FL 32501</b>



**DO NOT WRITE IN THIS SPACE**

04062007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>59-3683423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GILMORE, JAMES R  
31 EAST FAIRFIELD DRIVE  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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**

DOCUMENT # **L00000004426**  
NAME **GILMORE FAMILY MANAGEMENT, L.L.C.**  
STREET ADDRESS **31 EAST FAIRFIELD DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 32501**

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04/25/07-80059-022 500.00

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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:**

*James R. Gilmore* **JAMES R. GILMORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/6/07* **4/6/07 (850) 434-1054**

Date

Daytime Phone #

STAPLE CHECK HERE