

FILED**May 11, 2005 08:00 AM**
Secretary of State**2005 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2005

DOCUMENT # A00000001455 1. Entity Name GAINES ENTERPRISES, LTD.					
Principal Place of Business 1761 OCEAN VIEW DRIVE TIERRA VERDE, FL 33715			Mailing Address 1761 OCEAN VIEW DRIVE TIERRA VERDE, FL 33715		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3704835	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GAINES, CASEY 1761 OCEAN VIEW DRIVE TIERRA VERDE, FL 33715				7. Name and Address of New Registered Agent 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.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and file if applicable					
9. Capital Contributions as Shown on record. \$10,000,000.00			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 #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME	STREET ADDRESS		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS		
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NAME	STREET ADDRESS		STREET ADDRESS		
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CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME	STREET ADDRESS		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS		
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: _____			4-29-05 727 894 5511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE



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