


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001401

1. Entity Name
GILL PARTNERS, LTD.



Principal Place of Business Mailing Address

1814 SOUTH HIGHLAND PARK DRIVE **1814 SOUTH HIGHLAND PARK DRIVE**
LAKE WALES, FL 33853 **LAKE WALES, FL 33853**

DO NOT WRITE IN THIS SPACE



02032006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3750415	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II
7385 GALLOWAY ROAD
SUITE 200
MIAMI, FL 33173

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

FILE NOW! FEE IS \$500.00
After May 1, 2006, 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 #	
NAME	GILL, AVIS W TRUSTEE
STREET ADDRESS	1814 SOUTH HIGHLAND PARK DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33853
DOCUMENT #	
NAME	GILL, AVIS W TRUSTEE
STREET ADDRESS	1814 SOUTH HIGHLAND PARK DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33853
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1010000432735
02/23/06-80079-021 500.00

DO NOT WRITE IN THIS SPACE

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: *✓ Avis W Gill 2/9/06 ✓* **AVIS W GILL, TRUSTEE** **305-661-1040(x100)**

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