


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

**FILED
Mar 07, 2007 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



02222007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3750415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007, Fee will be \$900.00**

00000053944
03/16/07-80010-005 500.00

**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 STREET ADDRESS CITY-ST-ZIP	GILL, AVIS W TRUSTEE 1814 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33853
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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 Trustee* *3/05/07 (305) 611-1040*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #