2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A01000001401

GILL PARTNERS, LTD.



Principal Place of Business

1814 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33853

Mailing Address

1814 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33853

FILED Mar 03, 2008 08:00 Al Secretary of State



02142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3750415

Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II

DO NOT WRITE

| 7385 GALLOWAY ROAD SUITE 200 MIAMI, FL 33173 | | IN THIS SPACE |
|---|---|--|
| 8. The above the obligat | named entity submits this statement for the purpose of changing its ions of registered agent. | registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900 | 0.00 |
| | NOTE: General Partners MAY NOT be changed on the | TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ne form; an amendment must be filed to change a general partner. |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | GENERAL PARTNER INFORMATION GILL, AVIS W TRUSTEE 1814 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33853 | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | GILL, AVIS W TRUSTEE 1814 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33853 | U00000845833 03/18/08-80003-023 500.00 |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS | | |

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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER