

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000294

1. Entity Name
GREY GOOSE PARTNERS, LIMITED PARTNERSHIP



FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

Principal Place of Business
3644 MIDDLEBURG DR
WELLINGTON, FL 33414

Mailing Address
3644 MIDDLEBURG DR
WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box #

3655 Middleburg Dr.

Suite, Apt. #, etc.

3. Mailing Address

3655 Middleburg Dr.

Suite, Apt. #, etc.



01312007

Chg-LP

CR2E003 (12/06)

City & State

Wellington FL

City & State

Wellington FL

4. FEI Number

65-1154574

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, SCHUYLER
12564 MALLET CIRCLE
WELLINGTON, FL 33414

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

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

2-11-07

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 # **M02000000217**
NAME **WOLFSTONE MANAGEMENT, L.L.C.**
STREET ADDRESS **12564 MALLET CIRCLE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3655 Middleburg Dr.

CITY-ST-ZIP

Wellington, FL 33414

DOCUMENT #

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-11-07

Date

561-379-9057

Daytime Phone #

STAPLE CHECK HERE