

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000318

Entity Name: GRADY L. GOOLSBY II, LTD

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

898 BELMONT PL.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

898 BELMONT PL.  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 57-1143792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOOLSBY, GRADY L  
898 BELMONT PL.  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: GOOLSBY, GRADY L

Address: 898 BELMONT PL.

City-St-Zip: ROCKLEDGE, FL 32955

Document #:

Name: GOOLSBY, E. ROCHELLE

Address: 898 BELMONT PL.

City-St-Zip: ROCKLEDGE, FL 32955

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GRADY L GOOLSBY

GP

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date