

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

RECEIVED
MAR 26 2008

PROPERTY #:

GLACCOUNT

BUDGETED: Yes

APPROVAL:

OPERATIONS:

DIRECTOR:

FILED

APR 28 2008 08:00 AM

Secretary of State

DOCUMENT # A03000000186

1. Entity Name

GLADES PARTNERS, LIMITED

Principal Place of Business

1515 NORTH FEDERAL HIGHWAY
SUITE 306
BOCA RATON, FL 33432

Mailing Address

1515 NORTH FEDERAL HIGHWAY
SUITE 306
BOCA RATON, FL 33432



02152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

06-1678483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GENSHEIMER, MARK A
1515 NORTH FEDERAL HIGHWAY
SUITE 306
BOCA RATON, FL 33432

**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

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

U000000931015
05/21/08-80160-009 650.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # P03000013830
NAME GLADES PARTNERS, INC.
STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, SUITE 306
CITY-ST-ZIP BOCA RATON, FL 33432

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Mark A. Gensheimer

Date

Daytime Phone #

STAPLE CHECK HERE