

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A03000000224**

**1. Entity Name**  
**GHEESLING FAMILY LIMITED PARTNERSHIP**



**Principal Place of Business**  
**226 EAGLE DRIVE**  
**PANAMA CITY BEACH, FL 32407**

**Mailing Address**  
**226 EAGLE DRIVE**  
**PANAMA CITY BEACH, FL 32407**



03142008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**02-0688351**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**GHEESLING, JOHN L III**  
**226 EAGLE DRIVE**  
**PANAMA CITY BEACH, FL 32407**

**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

DATE

**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 #**  
**NAME** GHEESLING, JOHN L III  
**STREET ADDRESS** 226 EAGLE DRIVE  
**CITY- ST- ZIP** PANAMA CITY BEACH, FL 32407

**DOCUMENT #**  
**NAME** GHEESLING, DEBORAH J  
**STREET ADDRESS** 226 EAGLE DRIVE  
**CITY- ST- ZIP** PANAMA CITY BEACH, FL 32407

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**STREET ADDRESS**  
**CITY- ST- ZIP**

U00000864233  
04/04/08-80005-018 500.00

**DO NOT WRITE**  
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**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:**

*Deborah J Gheesling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-18-08**

Date

**850 235-1256**

Daytime Phone #

STAPLE CHECK HERE