


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:04

DOCUMENT # A03000000820	
1. Entity Name GIERINGER VENTURES, LTD.	

Principal Place of Business FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108	Mailing Address FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108
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2. Principal Place of Business - No P.O. Box # Porter Wright Morris Arthur Suite, Apt. #, etc. 5801 Pelican Bay Blvd #300 City & State Naples, FL Zip 34108	Country	3. Mailing Address Porter Wright Morris Arthur Suite, Apt. #, etc. 5801 Pelican Bay Blvd #300 City & State Naples, FL Zip 34108	Country
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4. FEI Number 04-3760507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108
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7. Name and Address of New Registered Agent Name Porter Wright Morris & Arthur LLP Street Address (P.O. Box Number is Not Acceptable) 5801 Pelican Bay Blvd., Suite 300 City Naples FL Zip Code 34108

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 *Robert J. Stammel* Robert J. Stammel 4-18-08
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 #	P03000056829
NAME	GIERINGER VENTURES, INC.
STREET ADDRESS	5811 PELICAN BAY BLVD., STE. 600
CITY-ST-ZIP	NAPLES, FL 34108
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200125114222 04/22/08--01042--009 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: *John J. Kron* John J. Kron 3/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #