

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A04000000635

1. Entity Name  
GERRERO PROPERTIES INVESTMENTS LIMITED  
PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 26 AM 9:28

Principal Place of Business  
3015 S.E. 22ND PLACE  
CAPE CORAL, FL 33904

Mailing Address  
3015 S.E. 22ND PLACE  
CAPE CORAL, FL 33904



**DO NOT WRITE IN THIS SPACE**

01112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
20-1068936

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

GERRERO, ROBERT D  
3015 S.E. 22ND PLACE  
CAPE CORAL, FL 33904

**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, 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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GERRERO, ROBERT D  
3015 S.E. 22ND PLACE  
CAPE CORAL, FL 33904

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900086798979  
01/31/07--01017--014 \*\*500.00

**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

Date

Daytime Phone #