


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

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #A04000001520</b> 1. Entity Name GASSENHEIMER INVESTMENTS, LTD.	
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Principal Place of Business 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 AVENTURA, FL 33150	Mailing Address 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 AVENTURA, FL 33150
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<b>DO NOT WRITE IN THIS SPACE</b>
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01232008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1787055	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GASSENHEIMER, ALLAN 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 AVENTURA, FL 33150
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GASSENHEIMER, JOYCE 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 AVENTURA, FL 33150
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GASSENHEIMER, ALLAN 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 AVENTURA, FL 33150
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02/12/08-80037-005 500.00

**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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____	Daytime Phone # _____
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STAPLE CHECK HERE