


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

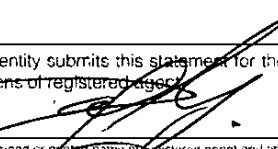
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

DOCUMENT # A04000001746			
1. Entity Name GILMAN INVESTMENTS, LTD.			
Principal Place of Business 1700 SOUTH OCEAN BOULEVARD PH B/D POMPANO BEACH FL 33062 US		Mailing Address P. O. BOX 11007 FORT LAUDERDALE FL 33339 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/07)

4. FEI Number AP-PLIED FOR		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		7. Name and Address of New Registered Agent	
MCLAUGHLIN, GREGORY A ESQ. C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE FL 33301		Name DAVID Gilman Street Address (P.O. Box Number is Not Acceptable) 1700 South Ocean Blvd City POMPANO Beach FL Zip Code 33062	
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 		DATE 18 Feb 08	

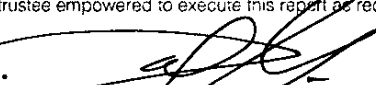
FILE NOW!!! Fee is \$500. After May 1, 2008, fee will be \$900. Make check payable to Florida Department of State.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000080549	STREET ADDRESS	800120724378
NAME	GILMAN INVESTMENTS, LC	CITY-ST-ZIP	03/19/08--01024--001 **\$500.00
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD, PH B/D		
CITY-ST-ZIP	POMPANO BEACH FL 33062		
DOCUMENT #		STREET ADDRESS	
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NAME		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:  **DAVID Gilman**
Gilman Investments, LLC G.P.
D Gilman, Member

Date **18 Feb 08** Davina Phone # **954 410 3030**