

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 22 PM 3:13

DOCUMENT # A05259

1. Entity Name
GONZALEZ HOMES, LTD.



Principal Place of Business
**1780 BATSON LANE
 CANTONMENT, FL 32533**

Mailing Address
**3298 SUMMIT BLVD.
 SUITE 4
 PENSACOLA, FL 32503**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
908 GARDENGATE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-LP CR2E003 (12/06)

City & State

City & State
PENSACOLA, FL

4. FEI Number
59-3412062

Applied For
 Not Applicable

Zip

Country

Zip

Country

32504 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETHERIDGE PROPERTY MANAGEMENT
~~3298 SUMMIT BLVD., SUITE 4~~
~~PENSACOLA, FL 32503~~**

Name **RAY O. ETHERIDGE**
 Street Address (P.O. Box Number is Not Acceptable)
908 GARDENGATE CIR.
 City **PENSACOLA** FL Zip Code **32504**

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 **4/3/08**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **ETHERIDGE, RAY O.**
 STREET ADDRESS **3298 SUMMIT BLVD., SUITE 4**
 CITY-ST-ZIP **PENSACOLA, FL 32503**

STREET ADDRESS **908 GARDENGATE CIR.**
 CITY-ST-ZIP **PENSACOLA, FL 32504**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS **400125273354**
 CITY-ST-ZIP **04/23/08--01019--019 **508.75**

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STREET ADDRESS
 CITY-ST-ZIP

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: **RAY O. ETHERIDGE** **4/3/08** **850-484-2611**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE