


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000481 1. Entity Name GMJM ASSOCIATES, L.P.	
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FILED

2007 MAR 26 AM 9:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business C/O ARDISSONE, 4400 GULF SHORE BLVD. NORTH SUITE 202 NAPLES, FL 34103	Mailing Address C/O ARDISSONE, 4400 GULF SHORE BLVD. NORTH SUITE 202 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number Applied For Not Applicable
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02152007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent MARINO, JAMES R C/O ARDISSONE, 4400 GULF SHORE BLVD. NORTH SUITE 202 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MARINO, GASPER F SR.	STREET ADDRESS	
NAME	5920 SELKIRK PLANTATION ROAD	CITY - ST - ZIP	
STREET ADDRESS	WADMALAW ISLAND, SC 29487		
CITY - ST - ZIP			
DOCUMENT #	MARINO, JAMES R	STREET ADDRESS	
NAME	4400 GULF SHORE BLVD. NORTH SUITE 202	CITY - ST - ZIP	
STREET ADDRESS	NAPLES, FL 34103		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

800095698098
 04/03/07--01054--004 **\$500.00

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

3-20-07
 Date Daytime Phone #

STAPLE CHECK HERE