

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000000481

1. Entity Name
 GMJM ASSOCIATES, L.P.



FILED

08 FEB -8 PM 2:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 C/O ARDISSONE, 4400 GULF SHORE BLVD. NORTH C/O ARDISSONE, 4400 GULF SHORE BLVD. NORTH
 SUITE 202 SUITE 202
 NAPLES, FL 34103 NAPLES, FL 34103

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

01042008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4660316 APPLIED FOR Applied For Not Applicable

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

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

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

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature] JRMARINO

2-1-08

239-263-2117

STAPLE CHECK HERE