

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # A06000000508

1. Entity Name
GB PARTNERS OF TALLAHASSEE, LTD.



Principal Place of Business
**2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301**

Mailing Address
**2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301**



02122008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5244129

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANAUSA, DANIEL E ESQ.
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

U000000902183

04/29/08-80097-006 927.50

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

DOCUMENT # **J62176**
NAME **SANDCO, INC.**
STREET ADDRESS **2811-E INDUSTRIAL PLAZA DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

DOCUMENT #
NAME **GB PARTNERS OF TALLAHASSEE, LLC**
STREET ADDRESS **2811-E INDUSTRIAL PLAZA DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

4/16/08

850 402-1111