
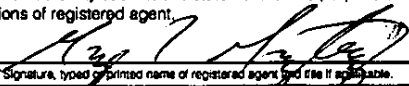
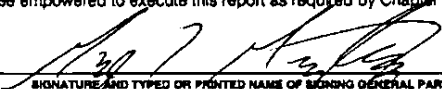


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:07

DOCUMENT # A06000000919 1. Entity Name GEORGE GONZALEZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 6655 BRYANT STREET NAVARRE, FL 32566 US			Mailing Address 1900 KETTERING TOWER DAYTON, OH 45423 US		
2. Principal Place of Business - No P.O. Box # 1616 Winding Shore Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State Gulf Breeze, FL		City & State City			
Zip 32563		Country US		4. FEI Number 20-4832970	
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GONZALEZ, GEORGE 6655 BRYANT STREET NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name George Gonzalez Street Address (P.O. Box Number is Not Acceptable) 1616 Winding Shore Dr. City Gulf Breeze FL Zip Code 32563		
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 3-6-08	
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		STREET ADDRESS		
NAME	GONZALEZ, GEORGE		CITY - ST - ZIP		
STREET ADDRESS	1618 WINDING SHORE DR.		CITY - ST - ZIP		
CITY - ST - ZIP	GULF BREEZE, FL 32563		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	D06000000018		CITY - ST - ZIP		
STREET ADDRESS	GEORGE AND MICHELLE GONZALEZ FAMILY DYNAST		CITY - ST - ZIP		
CITY - ST - ZIP	1616 WINDING SHORE DR.		CITY - ST - ZIP		
CITY - ST - ZIP	GULF BREEZE, FL 32563		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
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STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			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: 				DATE 3-6-08	

STAPLE CHECK HERE

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