

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:34

DOCUMENT # A07000000332 1. Entity Name GUMBO INTERESTS, LLLP					
Principal Place of Business 820 SAN PEDRO AVENUE CORAL GABLES, FL 33156			Mailing Address 820 SAN PEDRO AVENUE CORAL GABLES, FL 33156		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-8965417 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03062008 Chg-LP CR2E003 (12/06)	
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BOULEVARD, SUITE 1000 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name KATHLEEN FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 820 SAN PEDRO AVE City CORAL GABLES FL Zip Code 33156		
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 <u><i>Kathleen Fernandez</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				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 #	L07000017972		STREET ADDRESS		
NAME	BLACKTOP INVESTMENTS, LLC		CITY-ST-ZIP		
STREET ADDRESS	820 SAN PEDRO AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: <u><i>Kathleen Fernandez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE 3-6-08 DAYTIME PHONE # 305-6663880		

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