


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

DOCUMENT # A07000001199		
1. Entity Name GANZHORN FAMILY LIMITED PARTNERSHIP		

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 SEP 10 AM 9:46

Principal Place of Business 665 HARDWICK DRIVE AURORA, OH 44202	Mailing Address 665 HARDWICK DRIVE AURORA, OH 44202
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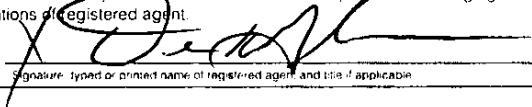
2. Principal Place of Business - No P.O. Box # 14822 Bellezza Lane	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples, FL	City & State
Zip 34110	Country USA

07172008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-1351090	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GANZHORN, DEAN K 14822 BELLEZZA LANE NAPLES, FL 34110	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 	8/27/08 DATE

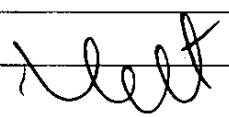
**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

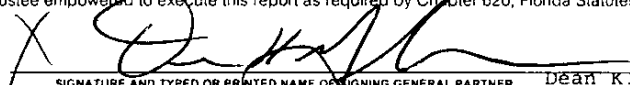
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	GANZHORN, DEAN K	CITY-ST-ZIP	
STREET ADDRESS	14822 BELLEZZA LANE		
CITY-ST-ZIP	NAPLES, FL 34110		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

100135649421  
 09/10/08--01027--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: 	8/27/08	(440) 773-5003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dean K. Ganzhorn	Date	Daytime Phone #	

STAPLE CHECK HERE