

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # A08650 1. Entity Name GAMBIA WOODS APARTMENTS, LTD.	
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Principal Place of Business 309 ELM STREET BUNNELL FL 32010	Mailing Address P.O. BOX 13526 MACON GA 31208-3526
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/07)

4. FEI Number 59-2065900	Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COMER, DON 1801 JOBYNA AVE. ORANGE PARK FL 32073
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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 date of application

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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	STUCKEY, TALMADGE	CITY-ST-ZIP	
STREET ADDRESS	171 RIVOLI RIDGE DR		
CITY-ST-ZIP	MACON GA 31210		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STUCKEY, REVA J		
STREET ADDRESS	171 RIVOLI RIDGE DR		
CITY-ST-ZIP	MACON GA 31210		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
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DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  **1-25-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

STAPLE CHECK HERE