FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 14 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: The Gibson Venture

1a. DOCUMENT # A17938

Mailing Address / Principal Office Address:
208 S. LaSalle Suite 950
Chicago, IL 60604

3. Date Formed or Registered: 04/26/1984

3a. Date of Last Report: 04/08/1998

4. State or Country of Formation: IL.

5a. $298,855.00

5b.

2. Mailing Address: P.O. Box 221
Suite, Apt #, etc
City & State: Apalachicola Flor
Zip: 32320
Country

2a. Principal Office Address
Suite, Apt #, etc: 51 Ave C
City & State: Apalachicola Flor
Zip: 32320
Country

6. FEI Number: 59-2494266 ☐ Applied For ☐ Not Applicable

7. ☐ $8.75 Additional Fee Required

8.

9. Name and Address of Current Registered Agent
Michael Koun
51 Avenue C
Gibson Inn
Apalachicola, FL 32320

10.
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc
City

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****526.25 FL ****526.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, [illegible] agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Koun, Cornelius	18 Weeburn Lane	Darian CT.	
Merlo, Michael J.	208 S. LaSalle Ste 9	Chicago IL	
Koun, Michael	67 Avenue B	Apalachicola, Fl	

dcc

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I relieve the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I further certify that I am a General Partner of the limited partnership [illegible] empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 4/12/99

Typed or Printed Name of General Partner Signing Form: Michael Koun Daytime Telephone Number: 850-653-2191

CR2E003 (12/98)