


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A17938					
1. Entity Name THE GIBSON VENTURE, AN ILLINOIS LIMITED PARTNERSHIP					
Principal Place of Business 51 AVENUE C APALACHICOLA FL 32320			Mailing Address 51 AVENUE C APALACHICOLA FL 32320		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2494266	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KOUN, MICHAEL 51 AVENUE C GIBSON INN APALACHICOLA FL 32320				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.				11. FILE NOW!!! Due by September 8, 2004! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$298,855.00		10. Amount of Capital Contributions in FLORIDA to date. 298,855.00			
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	KOUN, CORNELIUS			CITY - ST - ZIP	
STREET ADDRESS	1765 GULFSTAR DR. SOUTH UIT 503				
CITY - ST - ZIP	NAPLES FL 34112				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	MERLO, MICHAEL J.			CITY - ST - ZIP	
STREET ADDRESS	208 S. LASALLE STE. 950				
CITY - ST - ZIP	CHICAGO IL				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	KOUN, MICHAEL			CITY - ST - ZIP	
STREET ADDRESS	67 AVENUE B				
CITY - ST - ZIP	APALACHICOLA FL				
DOCUMENT #	NAME			STREET ADDRESS	
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CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Michael J Koun 9/7/04 850 653-2191 <small>Date Daytime Phone #</small>	



MOORE CR2E003 (4/04)

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