

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -8 AM 9:35

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

08162005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-2494266

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOUN, MICHAEL  
51 AVENUE C  
GIBSON INN  
APALACHICOLA, FL 32320

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

Signature, typed or printed name of registered agent and title if applicable.

800060090238  
09/29/05--01072--005 \*\*400.00  
DATE

9. Capital Contributions  
as Shown on record. \$298,855.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 KOUN, CORNELIUS  
STREET ADDRESS 1765 GULFSTAR DR. SOUTH UIT 503  
CITY-ST-ZIP NAPLES, FL 34112

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME MERLO, MICHAEL J.  
STREET ADDRESS 208 S. LASALLE STE. 950  
CITY-ST-ZIP CHICAGO, IL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME KOUN, MICHAEL  
STREET ADDRESS 67 AVENUE B  
CITY-ST-ZIP APALACHICOLA, FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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NAME  
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CITY-ST-ZIP

STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/17/05 F50-653-2191  
Date Daytime Phone #

STAPLE CHECK HERE