

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 | | 4. FEI Number 59-2494266 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ | | | 800060090238 09/29/05--01072--005 **400.00 <small>DATE</small> | | |
| 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 | | 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 | | |
| NAME | | | CITY-ST-ZIP | | |
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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: _____ | | | 8/17/05 F50-653-2191 <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE