

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 25, 2007 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**



01162007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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

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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000731098
05/08/07-80106-005 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

850-652-2191

STAPLE CHECK HERE