


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # A17938 1. Entity Name THE GIBSON VENTURE, AN ILLINOIS LIMITED PARTNERSHIP	
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Principal Place of Business 51 AVENUE C APALACHICOLA FL 32320	Mailing Address 51 AVENUE C APALACHICOLA FL 32320
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

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	
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4. FEI Number 59-2494266	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ DATE _____

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	KOUN, CORNELIUS	CITY-ST-ZIP	
STREET ADDRESS	1765 GULFSTAR DR. SOUTH UIT 503		
CITY-ST-ZIP	NAPLES FL 34112		
DOCUMENT #		STREET ADDRESS	
NAME	MERLO, MICHAEL J.	CITY-ST-ZIP	
STREET ADDRESS	208 S. LASALLE STE. 950		
CITY-ST-ZIP	CHICAGO IL		
DOCUMENT #		STREET ADDRESS	
NAME	KOUN, MICHAEL	CITY-ST-ZIP	
STREET ADDRESS	67 AVENUE B		
CITY-ST-ZIP	APALACHICOLA FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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05/01/08-80034-024 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 62C, Florida Statutes.

SIGNATURE:  **4/7/08 850-653-2191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Filing Photo #

STAPLE CHECK HERE