


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A21209 1. Entity Name G & D EYECARE ASSOCIATES, LIMITED PARTNERSHIP	
--	---

Principal Place of Business 12964 N. DALE MABRY HIGHWAY TAMPA, FL 33618	Mailing Address 12964 N. DALE MABRY HIGHWAY TAMPA, FL 33618
---	---

DO NOT WRITE IN THIS SPACE



01312008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2518778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINSEY, DENNIS 1717 MAGDALENE MANOR DR. TAMPA, FL 33613

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

FILE NOW!!! FEE IS \$500.00.
After May 1, 2008, 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	LINSEY, DENNIS 4904 ST. CROIX DR TAMPA, FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LINSEY, GEORGE 13930 SHADY SHORES DR TAMPA, FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GORMAN, ROBERT L 55 COVE RD. MOORESTOWN, NJ
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BERNSTEIN, SIDNEY 1101 CROMWELL RD PHILADELPHIA, PA
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

U00000847011
03/19/08-80001-018 500.00

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:  **George Linsey** 2/27/08 8139608896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE