

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A23560

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Entity Name:** KEEPIIT SAFE SECURITY STORAGE SYSTEMS, LTD.

**Current Principal Place of Business:**

5050 NORVELL BRYANT HWY  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1572  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

5050 NORVELL BRYANT HWY  
CRYSTAL RIVER, FL 34429

**FEI Number:** 59-1879081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODSON, DAVID M  
5050 W NORVELL BRYANT HWY  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P05000090725  
Name: GATORBACK PRODUCTIONS, INC.  
Address: 5050 NORVELL BRYANT HWY  
City-St-Zip: CRYSTAL RIVER, FL 34429

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID M WOODSON

AGT

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date