

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 25 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A27501

G & P LIMITED PARTNERSHIP, AN ILLINOIS LIMITED
PARTNERSHIP



Mailing Address

133 S. HARBOR DRIVE
VENICE FL 34285

Principal Office Address

133 S. HARBOR DRIVE
VENICE FL 34285

3. Date Formed or Registered

12/09/1988

3a. Date of Last Report

11/19/1997

4. State or Country of Formation

IL

5a. Capital Contributions as
Shown on record.

\$200,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

6. FEI Number

59-2769968

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GRIFFIS, JOHN W., III
2831 RINGLING BLVD.
STE. 118-D
SARASOTA FL 34237

10. If changed, new Registered Agent/Office

Name

THOMAS J. PEALOCK JR. CPA

Street Address (P.O. Box Number is Not Acceptable)

133 S. HARBOR DRIVE

Suite, Apt. #, etc.

City

VENICE

FL

Zip Code

34285

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Thomas J. Pealock Jr.

DATE

9-17-98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

BURKET, VIRGINIA C.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6100 WILLOW SPRINGS R
11045 ASHBROOK LN.
INDIAN HEAD PARK

11b. City, State & Zip Code

LAGRANGE IL
INDIAN HEAD PARK
IL 60525

11c. Registration/
Document Number

300002652823--9
-09/30/98--01081--013
***526.25 ***526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Virginia C. Burkot

DATE

9-22-98

Typed or Printed Name of General Partner Signing Form

VIRGINIA C. BURKET

Daytime Telephone Number

708-246-1165

CR2E003 (8/98)