


FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # A29075			Secretary of State		
1. Entity Name GIL-MAR ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 2075 HWY A1A, #2205 INDIAN HARBOUR BEACH, FL 32937			Mailing Address C/O JOANNE D. DANNEMILLER 766 MERRIMAN ROAD AKRON, OH 44303		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent A.G.C. CO. 2300 SUN BANK CENTER ORLANDO, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	DILLEY, MARGUERITE H		CITY - ST - ZIP		
CITY - ST - ZIP	766 MERRIMAN ROAD AKRON, OH 44303				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	DANNEMILLER, JOANNE D		CITY - ST - ZIP		
CITY - ST - ZIP	766 MERRIMAN ROAD AKRON, OH 44303				
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STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
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: <i>Joanne D. Dannemiller</i>			2-13-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		