


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #A29075</b><br>1. Entity Name<br>GIL-MAR ASSOCIATES LIMITED PARTNERSHIP |  |
|---|---|

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|--|--|
| Principal Place of Business<br>2075 HWY A1A, #2205<br>INDIAN HARBOUR BEACH, FL 32937 | Mailing Address<br>C/O JOANNE D. DANNEMILLER<br>766 MERRIMAN ROAD<br>AKRON, OH 44303 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LP CR2E003 (12/06)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>58-1861847                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>A.G.C. CO.<br>2300 SUN BANK CENTER<br>ORLANDO, FL |
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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, 2007, 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DILLEY, MARGUERITE H<br>766 MERRIMAN ROAD<br>AKRON, OH 44303  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DANNEMILLER, JOANNE D<br>766 MERRIMAN ROAD<br>AKRON, OH 44303 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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01/22/07-80047-011 500.00

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STAPLE CHECK HERE

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: Joanne D. Dannemiller 1-13-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #