

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # A29433

1. Entity Name:

RMG ENTERPRISES LIMITED PARTNERSHIP



Principal Place of Business

**2208 TEN OAKS DRIVE
TALLAHASSEE FL 32312**

Mailing Address

**2208 TEN OAKS DRIVE
TALLAHASSEE FL 32312**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

1st MOORE

CR2E003 (10/07)

4. FEI Number

59-2981636

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEET, MARK
2208 TEN OAKS DRIVE
TALLAHASSEE FL 32312**

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

Signature, typed or printed name of registered agent and date if applicable

DATE

FILE NOW!!! Fee is \$500. After May 1, 2008, fee will be \$900. Make check payable to Florida Department of State.

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 # **L35455**
NAME **GMR OF PANAMA CITY, INC.**
STREET ADDRESS **2208 TEN OAKS DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

STREET ADDRESS

CITY-ST-ZIP

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04/22/08-20053-014 500.00

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone: *