

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A30733

1. Entity Name
JOHN GIBSON, LTD.



Principal Place of Business
 ATTN: BRUCE G. JACKSON
 545 SANCTUARY DR. APT. B-804
 LONGBOAT KEY, FL 34228

Mailing Address
 ATTN: BRUCE G. JACKSON
 545 SANCTUARY DR. APT. B-804
 LONGBOAT KEY, FL 34228



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
 59-3035536

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

JACKSON, BRUCE G.
 545 SANTUARY DRIVE
 B-804
 LONGBOAT KEY, FL 34228

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 title is acceptable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #
 NAME JACKSON, BRUCE G.
 STREET ADDRESS 545 SANTUARY DR APT B804
 CITY-STATE-ZIP LONGBOAT KEY, FL 34228

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

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 CITY-STATE-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: Bruce G Jackson Gen'l Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Bruce G Jackson Gen'l Partner 1/15/2008

DATE

Daytime Phone #

STAPLE CHECK HERE