

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000001491

Entity Name: GF SPA, LTD.

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

7688 MUNICIPAL DR.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7688 MUNICIPAL DR.  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 59-3337151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRYAN, NIKI T  
7688 MUNICIPAL DR.  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: A95000001446  
Name: NIKI BRYAN FAMILY LIMITED PARTNERSHIP  
Address: 7688 MUNICIPAL DR.  
City-St-Zip: ORLANDO, FL 32819

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NIKI BRYAN

GP

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date