## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A96000001296

1. Entity Name

THE GREGORY C. BRANCH FAMILY LIMITED PARTNERSHIP

FILED
May 02, 2008 08:00 AN
Secretary of State

Principal Place of Business

335 N.E. WATULA AVENUE OCALA, FL 34470-5806

Mailing Address

335 N.E. WATULA AVENUE OCALA, FL 34470-5806



DO NOT WRITE IN THIS SPACE

04292008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3399791

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANCH, GREGORY C 335 N.E. WATULA AVENUE OCALA, FL 34470-5806

## DO NOT WRITE IN THIS SPACE

			III IIIIO OI AGE
	named entity submits this statement for the purpose of changing lions of registered agent.	its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable		DATE
তে ভিন্নতে সান্ধন এক নাক নাক হৈ সেয়া ভিলভাবে শিল্পানি বিশ্বন সাজ সভাদি <b>LE NOW!!! FEE IS \$500.00</b> এক নাম্ভাতেও তেনুক্তি অস্থানিক শুপুত <b>After May 1, 2008, Fee will be \$900.00</b>			U00000946355
\$345,613,0245,03 C016-31-407	A GENERAL PARTNER THAT IS A BUSINESS E NOTE: General Partners MAY NOT be changed on	ENTITY MI the form:	UST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ; an amendment must be filed to change a general partner.
,12.	GENERAL PARTNER INFORMATION		· · · · · · · · · · · · · · · · · · ·
DOCUMENT #	P96000056853		
NAME .	BRANCH REAL ESTATE SERVICES, INC.		
STREET ADDRESS CITY-ST-ZIP	335 N.E. WATULA AVENUE		
	OCALA, FL 344705806	_	
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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 empewered to execute his report as required by chapter 620, Florida Statutes

**SIGNATURE:** 

COTE, its week Partn

STAPLE CHECK HERE

STREET ADDRESS CITY-S1-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GREGORY C. BRANCH

4/29/08

352-132-414

Daytime Phone #