2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DUE BY MAY 1, 2008 FILED May 01, 2008 08:00 AN Secretary of State DOCUMENT # A9700000346 1. Entity Name GILBERT WATERS FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1740 WISCONSIN LN 1740 WISCONSIN LN SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 65-0738571 Not Applicable Ζιρ \$8.75 Additional Country $Z_{\rm ID}$ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATERS, GILBERT Street Address (P.O. Box Number is Not Acceptable) 136 GOLDEN GATE POINT #102 SARASOTA FL 34236 City 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 matter of registered agent and tried applicable FILE NOW!!! Fee is \$500.3*** 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 ADDRESS CHANGES ONLY DOCUMENT ≱ P96000095176 STREET ADDRESS NAME G.W. INVESTMENTS, INC. STREET ADDRESS 1740 WISCONSIN LN CHTY-ST-ZIP CITY-ST-ZIP SARASQTA FL 34239 <u>U00000938721</u> 05/27/08-80101-018 500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ANDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. Thereby 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.

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NAME STREET ADDRESS

CITY - ST- ZIP