2001 2008 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000000547 1. Entity Name									N
GRESHAM FAMILY PARTNERS, LTD.						FILED	0		
						AR 27 AM	7:08		
Principal Plac		IJ	1	rsii (.	マルザご				
1629 N.W. 24TH STREET 1629 N.W. 24TH STREET				•	SECRI	ETARY OF	STATE CARIOR		•
GAINESVILLE FL 32605 GAINESVILLE FL 32605				Ţ	ALLA	ETARY OF S HASSEE, F	LOKIOM		
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2. Principal F									
2. Principal Place of Business 3. Mailing Address			•					,	
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Star	е	City & State		1	4. FEI Number	59-3456542		Applied For Not Applicable	
Zip	Country	Zip	Coun	Country		5. Certificate of	Status Desired		75 Additional Required
	6. Name and Address of Current F	Registered Agent			7	7. Name and Ad	dress of New Re	istered Agent	
GRESHAN	A, WILLIAM MARVIN	•		Name					<u> </u>
		Street Addr	t Address (P.O. Box Number is Not Acceptable)						
1629 N.W. 24TH STREET GAINESVILLE FL 32605									
CHINESTICE, I C DECOU				<u> </u>					
				City				FL z	ip 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.									
The state of the s									
SIGNATURE Signature, typed or printed name of registered agent and title diapplicable. (NOTE: Registered Agent signature required when reinstating) DATE									
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION									
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 CHAN	GES ONLY	
DOCUMENT # NAME	I MANUALLA LA COMPANIA AND CONTRACTOR			T ADDRESS					
STREET ADDRESS 1629 N.W. 24TH STREET		O'CL							
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-	ST-ZIP					_
DOCUMENT #				STREET ADDRESS		400	7 010 3:31 -04/05/01	-01051	
NAME	PEGGY WRAY GRESHAM, TRUSTI	EE .	SINCE	-ST-ZIP			<u> *****255</u>	- <u>55 ***</u>	UZS
STREET ADDRESS CITY-ST-ZIP	1629 N.W. 24TH STREET GAINESVILLE FL 32605		CITY-			•		- - / -	
DOCUMENT #	WHITE OF SECTION		STREE	T ADDRESS	.				
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CITY ST-ZIP	AND THE CONTRACT OF THE PARTY O			CITY-ST-ZIP.		· . · · · · · · · · · · · · · · · · · ·			<u>-</u>
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: William Marrin Susham Touste 1/2/28/2007/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayling Phone #									