

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51

**DOCUMENT # A97000000589**

1. Entity Name  
 GRAY WILLOWS FARM LIMITED PARTNERSHIP



Principal Place of Business  
 4631 HIDDEN RIVER ROAD  
 SARASOTA, FL 34240

Mailing Address  
 4631 HIDDEN RIVER ROAD  
 SARASOTA, FL 34240



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

65-9742311

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

ANZIVINO, JOHN R  
 2699 SOUTH BAYSHORE DRIVE  
 SUITE 500  
 MIAMI, FL 33133

Name

FAITH BISHOCK

Street Address (P.O. Box Number is Not Acceptable)

4631 HIDDEN RIVER ROAD

City

SARASOTA

FL

Zip Code

34240

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]*

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME BISHOCK, FAITH TRUSTEE  
 STREET ADDRESS 4631 HIDDEN RIVER ROAD  
 CITY-ST-ZIP SARASOTA, FL 34240

STREET ADDRESS

600123941486  
 04/17/08--01057--008 \*\*500.00

CITY-ST-ZIP

DOCUMENT #  
 NAME REED, MARIANNA TRUSTEE  
 STREET ADDRESS 4425 SABAL PALM ROAD  
 CITY-ST-ZIP MIAMI, FL 33137

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-08 941-322-2233

Date

Daytime Phone #

STAPLE CHECK HERE