### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # A9700000629

1. Entity Name

THE GINABERN FAMILY LIMITED PARTNERSHIP



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

1047 BAL ISLE DRIVE FORT MYERS, FL 33907 Mailing Address

1047 BAL ISLE DRIVE FORT MYERS, FL 33907



04302007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For 65-0735890 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

o. Continuate on

Fee Required

6. Name and Address of Current Registered Agent

STAFSTROM, TINA 1047 BAL ISLE DRIVE FORT MYERS, FL 33907

# DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registered of | ffice or registered agent, or both, in the State of Florida. I am familiar with, and accept |
|--|---|
| the obligations of registered agent.   | g glaba, ou, per percent had provided up the sale.  |
|  | U00000756453  |
| SIGNATURE ————————————————————————————————————   |   |
| Signature, typed or printed name of registered agent and title if applicable.                  | US/23/U/~SUUJANEU2U SUU, UU   |

#### FILE NOWI!! FEE IS \$500.00 After May 1, 2007, 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 |                | GENERAL PARTNER INFORMATION |
|---------------------------------|----------------|-----------------------------|
|                                 | DOCUMENT #     | P96000071598                |
|                                 | NAME           | T.G.D. CORPORATION          |
|                                 | STREET ADDRESS | 1047 BAL ISLE DRIVE         |
| 1                               | CITY-ST-ZIP    | FORT MYERS, FL 33907        |
|                                 | DOCUMENT #     |                             |
|                                 | NAME           |                             |
|                                 | STREET ADDRESS |                             |
| -                               | City-St-ZIP    |                             |
|                                 | DOCUMENT #     |                             |
|                                 | NAME           |                             |
| 1                               | STREET ADDRESS |                             |
|                                 | CITY-ST-ZIP    |                             |
|                                 | DOCUMENT #     |                             |
|                                 | NAME           |                             |
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| '                               | CITY-ST-ZIP    |                             |
| !                               | DOCUMENT#      |                             |
| :                               | NAME           |                             |
|                                 | STREET ADDRESS |                             |
|                                 | CITY-ST-ZIP    |                             |

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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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/07 239-48.

Daytime Phone #