


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001297		
1. Entity Name GATEWAY CENTER ECONOMIC DEVELOPMENT PARTNERSHIP, LTD.		
Principal Place of Business 5258 NORWOOD AVENUE #12 JACKSONVILLE, FL 32208	Mailing Address 5258 NORWOOD AVENUE #12 JACKSONVILLE, FL 32208	



04242007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3451179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, RONALD R ESQUIRE
1400 PRUDENTIAL DRIVE
SUITE 1
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and title if applicable.

DATE

FILE NOW!!! 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000051833 RENAISSANCE DESIGN BUILD GROUP, INC. 2800 RIVERSIDE AVENUE JACKSONVILLE, FL 32207
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M82686 COLBYCO ENTERPRISES, INC. 2800 RIVERSIDE AVENUE JACKSONVILLE, FL 32207
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U000000760386
05/25/07-80009-015 500.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/07 904-764-7745