

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:49

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



2. Principal Place of Business - No P.O. Box #
 5000-7 Norwood Ave
 Suite, Apt. #, etc.

3. Mailing Address
 5000-7 Norwood Ave
 Suite, Apt. #, etc.

04032008 Chg-LP CR2E003 (12/06)

City & State
 Jacksonville, FL
 Zip
 32208
 Country
 USA

City & State
 Jacksonville, FL
 Zip
 32208
 Country
 USA

4. FEI Number
 59-3451179
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

DOCUMENT # P97000051833
 NAME RENAISSANCE DESIGN BUILD GROUP, INC.
 STREET ADDRESS 2000 RIVERSIDE AVENUE
 CITY-ST-ZIP JACKSONVILLE, FL 32207

DOCUMENT # M82686
 NAME COLBYCO ENTERPRISES, INC.
 STREET ADDRESS 2000 RIVERSIDE AVENUE
 CITY-ST-ZIP JACKSONVILLE, FL 32207

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1732 Margaret St.
 CITY-ST-ZIP Jacksonville, FL 32204

STREET ADDRESS 1732 Margaret St.
 CITY-ST-ZIP Jacksonville, FL 32204

STREET ADDRESS 05/15/08--01006--020 **500.00
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/08 904-764-7745
 Date Daytime Phone #

STAPLE CHECK HERE