FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 11:46

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A97000001957

1. Entity Name
GMW PARTNERSHIP, LLLP

Principal Place of Business
9212 POINT CYPRESS DRIVE
ORLANDO, FL 32836

Mailing Address
9212 POINT CYPRESS DRIVE
ORLANDO, FL 32836

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

03312008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3413668 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHITE, GEORGE M
9212 POINT CYPRESS DRIVE
ORLANDO, FL 32836

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	GEORGE M. WHITE, TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	9212 POINT CYPRESS DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32836		
DOCUMENT #		STREET ADDRESS	800123072398
NAME	CHARLOTTE H. WHITE, TRUSTEE	CITY-ST-ZIP	04/11/08--01048--023 **500.00
STREET ADDRESS	9212 POINT CYPRESS DRIVE		
CITY-ST-ZIP	ORLANDO, FL 32836		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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 1[illegible] 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] Trustee — 3/10/08 — 407 841 2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #