2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 12 AM 9:45

DOCUMENT # A98000001541

1. Entity Name
GORDON-MILLS MILES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
77 PARK PLACE ST. AUGUSTINE, FL 32084	77 PARK PLACE ST. AUGUSTINE, FL 32084

09032007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3523347
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUNDEMAN, JOHN
~~100 ARRICOLA AVE~~ 1 Sebastian Avenue
ST. AUGUSTINE, FL ~~32080-4515~~ 32084-3280

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: Sundeman 10-9-07
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $900.00
On or after September 14, 2007, Fee will be $1000.00

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 #	P98000055977
NAME	RUDCARLIE, INC.
STREET ADDRESS	77 PARK PLACE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500110084156
10/12/07--01030--025 **1000.00

REINSTATEMENT 2007

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: Charlotte S. Miles, MD 9/14/07 202 462 0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #