

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
May 01, 2008 08:00 AM
Secretary of State**

DOCUMENT # A98000001541
1. Entity Name
GORDON-MILLS MILES LIMITED PARTNERSHIP



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



04302008 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUNDEMAN, JOHN
1 SEBASTIAN AVE.
ST. AUGUSTINE, FL 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 _____ 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 #	P98000055977
NAME	RUDCARLIE, INC.
STREET ADDRESS	77 PARK PLACE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084

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U00000938735
05/27/08-80102-007 500.00

**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: *Carlotta G. Miles* *Carlotta G Miles* *4-30-08* *202-291-2069*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE