

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000000658

FILED  
Mar 04, 2004  
Secretary of State

**Entity Name:** GAINESVILLE COMMERCE CENTER LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O AMJ INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMJ INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 59-3574207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARREN, MICHAEL E  
C/O AMJ INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 990.00

**Amount of Capital Contributions in Florida to date:** 990.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: AMJ INC. OF GAINESVILLE

Address: 502 N.W. 16TH AVENUE

City-St-Zip: GAINESVILLE, FL 32601

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL E. WARREN

\_\_\_\_\_ Electronic Signature of Signing General Partner

03/04/2004

\_\_\_\_\_ Date