## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A9900000658

FILED Apr 15, 2008 Secretary of State

Entity Name: GAINESVILLE COMMERCE CENTER LIMITED PARTNERSHIP

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-3574207 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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.

in the otate of Florida.

SIGNATURE: Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: 526352

Name: AMJ INC. OF GAINESVILLE

Address: 502 N.W. 16TH AVENUE Address:

City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32601 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHILIP N. KABLER S 04/15/2008