

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000000658

**FILED**  
**Apr 20, 2009**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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

**GENERAL PARTNER INFORMATION:**

Document #: 526352  
Name: AMJ INC. OF GAINESVILLE  
Address: 502 N.W. 16TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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

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04/20/2009

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

\_\_\_\_\_  
Date