

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001926

1. Entity Name
GULFPORT SOUTH LIMITED PARTNERSHIP



Principal Place of Business
**267 SIXTH AVENUE NORTH
TIERRA VERDE, FL 33715-1866**

Mailing Address
**267 SIXTH AVENUE NORTH
TIERRA VERDE, FL 33715-1866**



DO NOT WRITE IN THIS SPACE

08072007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3609182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALLACE, JOHN W
267 SIXTH AVENUE NORTH
TIERRA VERDE, FL 33715-1866**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	WALLACE, JOHN W TRUSTEE	267 SIXTH AVENUE NORTH	TIERRA VERDE, FL 337151866
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	WALLACE, SHIRLEY A TRUSTEE	267 SIXTH AVENUE NORTH	TIERRA VERDE, FL 337151866
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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08/23/07-80004-001 500.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/10/07

Date

570 424 1070

Daytime Phone #