

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**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**

**FILED**

**08 JUL 24 PM 2: 25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



07022008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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 \$900.00  
On or after September 12, 2008, Fee will be \$1000.00**

**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 #  
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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NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

**900133689169  
07/29/08--01006--008 \*\*900.00**

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/18/08**

Date

Daytime Phone #

STAPLE CHECK HERE