

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000002023	
1. Entity Name	
G. & A. WRIGHT LIMITED PARTNERSHIP	

Principal Place of Business	Mailing Address
901 NW 57TH STREET GAINESVILLE FL 32605	1002 N.W. 41ST DRIVE GAINESVILLE FL 32605

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number		Applied For
59-3613392		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BOVAY, JOHN C 901 NW 57TH STREET GAINESVILLE FL 32605	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	01/31/07-80001-022 500.00
STREET ADDRESS	WRIGHT, GEORGE W TRUSTEE	CITY - ST - ZIP	
CITY - ST - ZIP	901 NW 57TH ST. GAINESVILLE 32 60505		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	WRIGHT, ANN C TRUSTEE	CITY - ST - ZIP	
CITY - ST - ZIP	901 NW 57TH ST. GAINESVILLE FL 60505		
DOCUMENT #	NAME	STREET ADDRESS	
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CITY - ST - ZIP			
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CITY - ST - ZIP			

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: *Geo W Wright* - *ANN C Wright* - 1-19-07 - 352-3721957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE