

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

**DOCUMENT # A99000002171**

1. Entity Name

**GJG & SONS LTD.**



FILED

04 SEP 15 PM 3:03

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**545 MACLAY LANE  
TALLAHASSEE FL 32312**

Mailing Address  
**P.O. BOX 12457  
TALLAHASSEE FL 32317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3573983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLUESENKAMP, G J JR.  
545 MACLAY LANE  
TALLAHASSEE FL 32312**

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, and 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

9. Capital Contributions  
as Shown on record.

**\$5,504,345.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**5,504,345.00**

**11. FILE NOW!!! Due by September 8, 2004!**  
See Block 11 instructions for fee info. If  
first notice was not received, check box  
and do not include \$400 late fee.

**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  
CITY - ST - ZIP  
**GLUESENKAMP, G J JR.  
545 MACLAY LANE  
TALLAHASSEE FL 32312**

STREET ADDRESS  
CITY - ST - ZIP  
**500041539255  
10/01/04--01060--007 \*\*437.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**GLUESENKAMP, JOSEPHINE D  
545 MACLAY LANE  
TALLAHASSEE FL 32312**

STREET ADDRESS  
CITY - ST - ZIP  
**500041539255  
10/01/04--01060--008 \*\*38.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP  
**500041539255  
10/01/04--01060--009 \*\*8.75**

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CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

**G. J. Gluesenkamp Jr.**

**August**

**(850) 893-7081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE