

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

08 FEB 21 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02122008 Chg-LP CR2E003 (12/06)

4. FEI Number 62-1718017 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # A99000002276

1. Entity Name  
CLINTON INVESTMENTS, LTD.



Principal Place of Business  
400 5TH AVENUE SOUTH, SUITE 205  
NAPLES, FL 34102

Mailing Address  
400 5TH AVENUE SOUTH, SUITE 205  
NAPLES, FL 34102

2. Principal Place of Business - No P.O. Box #  
4522 Executive Drive  
Suite, Apt. #, etc.

3. Mailing Address  
4522 Executive Drive  
Suite, Apt. #, etc.

City & State  
Naples, FL

City & State  
Naples, FL

Zip 34119 Country USA

Zip 34119 Country USA

6. Name and Address of Current Registered Agent

CLINTON, J.D.  
400 5TH AVENUE SOUTH, SUITE 205  
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4522 Executive Drive  
Suite 201  
City Naples FL Zip Code 34119

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**  
**After May 1, 2008, Fee will be \$900.00**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000006766  
NAME GATEHOUSE EQUITY MANAGEMENT, INC.  
STREET ADDRESS 400 5TH AVENUE SOUTH, SUITE 205  
CITY-ST-ZIP NAPLES, FL 34102

STREET ADDRESS  
CITY-ST-ZIP 4522 Executive Drive, Suite 201  
Naples, FL 34119

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP 100118556801  
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STREET ADDRESS  
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:

*[Signature]*

DAN J. JACKSON

2/12/08

731-780-1563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE