

**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

3. Mailing Address
4522 Executive Drive

Suite, Apt. #, etc.
Suite 201

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

**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 # NAME STREET ADDRESS CITY-ST-ZIP	F99000006766 GATEHOUSE EQUITY MANAGEMENT, INC. 400 5TH AVENUE SOUTH, SUITE 205 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 02/21/08--01038--025 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: *Daw. J. Jackson* **Daw. J. JACKSON** 2/12/08 **731-780-1563**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #