

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0218740  
☐ 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**

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FL 34102

Name **GFPAC SERVICES LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**5551 RIDGEWOOD DRIVE, SUITE 501**  
City **NAPLES** FL Zip Code **34108**

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 *Thomas L. Madison* **President GFPAC Services LLC** DATE **4-25-07**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	M03000003192	STREET ADDRESS	3530 KRAFT ROAD
NAME	SLOANE STREET PARTNERS LLC	CITY-ST-ZIP	SUITE 300 NAPLES, FL 34105
STREET ADDRESS	365 FIFTH AVENUE SOUTH, SUITE 201		
CITY-ST-ZIP	NAPLES, FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**000102730430**  
05/17/07--01039--022 \*\*508.75

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: *Thomas L. Madison* DATE **4/24/07** (239) 434-0607

STAPLE CHECK HERE