


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 11:11

DOCUMENT # B04000000361			
1. Entity Name THE GESS FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 12670 NEW BRITANNY BLVD., SUITE 101 FORT MYERS, FL 33907		Mailing Address 12670 NEW BRITANNY BLVD., SUITE 101 FORT MYERS, FL 33907	
2. Principal Place of Business 9250 Corkscrew Rd.		3. Mailing Address Same	
Suite, Apt. #, etc. #8		Suite, Apt. #, etc. Same	
City & State Estero, FL		City & State	
Zip 33920	Country USA	Zip	Country
4. FEI Number 61-1325676		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J 12670 NEW BRITANNY BLVD., SUITE 101 FORT MYERS, FL 33907		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 _____	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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	229 Barrow Road
STREET ADDRESS	GESS, WILLIAM B JR.	CITY - ST - ZIP	Lexington, KY 40502
CITY - ST - ZIP	750 WALNUT HILL, CHILESBURG RD.		
	LEXINGTON, KY 40509		
DOCUMENT #	NAME	STREET ADDRESS	229 Barrow Road
STREET ADDRESS	GESS, ELIZABETH P	CITY - ST - ZIP	Lexington, KY 40502
CITY - ST - ZIP	750 WALNUT HILL, CHILESBURG RD.		
	LEXINGTON, KY 40509		
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CITY - ST - ZIP			
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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: <u>WTB Amb G.P.</u>		Date: <u>1/19/06</u> Daytime Phone #: <u>239-277-1515</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			
<u>William B. Gess, Jr.</u>			

STAPLE CHECK HERE