

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

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B04000000361**

1. Entity Name  
**THE GESS FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**9250 CORKSCREW RD #8**  
**ESTERO, FL 33928**

Mailing Address  
**9250 CORKSCREW RD #8**  
**ESTERO, FL 33928**



01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**61-1325676**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COSTELLO, TRUMAN J**  
**12670 NEW BRITTANY BLVD., SUITE 101**  
**FORT MYERS, FL 33907**

**DO NOT WRITE**  
**IN THIS SPACE**

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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GESS, WILLIAM B JR.**  
**229 BARROW RD**  
**LEXINGTON, KY 40502**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GESS, ELIZABETH P**  
**229 BARROW RD**  
**LEXINGTON, KY 40502**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000839029  
04/28/08-80022-007 500.00

**DO NOT WRITE**  
**IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE, CHECK HERE

*W B Gess Jr*  
**W B Gess Jr GP.**  
**11/7/08**  
**262-7188**