## 2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2008**°

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or the receiver or trustee empowered to

**SIGNATUR** 

## **FILED** Apr 24, 2008 08:00 AN Secretary of State **DOCUMENT # B05000000158** 1, Entity Name GG/DH PARTNERS, LP Principal Place of Business Mailing Address 4060 NW 101 DRIVE CORAL SPRINGS FL 33065 4060 NW 101 DRIVE CORAL SPRINGS FL 33065 2. Principal Place of Business - No P.C. Bex.# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State Applied For 4. FEI Number 01-0769872 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, GLADYS G Street Address (P.O. Box Number is Not Acceptable) 4060 NW 101 DRIVE CORAL SPRINGS FL 33065 City 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 Signature, typed or printed traine of registeral agent and in eld apoliscit a 🗈 FILE NOW!!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State. 🗵 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 ADDRESS CHANGES ONLY DOCUMENT \* M05000000967 STREET ADDRESS Mr.M. GG/DH MANAGEMENT, LLC V00000321183 STREET ADDRESS 4060 NW 101 DRIVE CITY-ST-ZIP 05/14/08-80073-014 508.75 CORAL SPRINGS FL 33065 CHY-ST-2F DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7P DOCUMENT # STREET ALIDRESS DAM? STREET ADDRESS CHY-SI-7P CITY-ST-ZIP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CHY-ST-ZIP CHY-S1-ZIP DOCUMENT & STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 path; 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