

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021161

FILED
May 01, 2008
Secretary of State

Entity Name: GIBSON COUNTY PARTNERSHIP, LLC

Current Principal Place of Business:

9804 NW 30TH AVE
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

9804 NW 30TH AVE
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 20-8510060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREENE, ROBERT C
2838 SE 37TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCKATHAN, NORMA
Address: 9804 NW 30TH AVE
City-St-Zip: OCALA, FL 34475 US

Title: MGRM () Delete
Name: PEGRAM, MICHAEL E
Address: PO BOX 1106
City-St-Zip: BURLINGTON, WA 98233 US

Title: MGRM () Delete
Name: MCKATHAN, JAMES B
Address: 13200 NW 32ND CT
City-St-Zip: REDDICK, FL 32682

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NORMA MCKATHAN

MRG

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date