


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000003180 1. Entity Name GERSON GENERAL PARTNER, L.C.	
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Principal Place of Business 367 GLENBROOK DRIVE ATLANTIS, FL 33462	Mailing Address 367 GLENBROOK DRIVE ATLANTIS, FL 33462
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0880906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

GERSON, THEODORE F
367 GLENBROOK DRIVE
ATLANTIS, FL 33462

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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 see 6 applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000134920
04/28/04-80036-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GERSON, THEODORE F 367 GLENBROOK DRIVE ATLANTIS, FL 33462
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 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: *Theodore F. Gerson* **4-26-04** (561)439-6393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #