

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000003180																																		
1. Entity Name GERSON GENERAL PARTNER, L.C.																																		
Principal Place of Business 367 GLENBROOK DRIVE ATLANTIS, FL 33462		Mailing Address 367 GLENBROOK DRIVE ATLANTIS, FL 33462																																
DO NOT WRITE IN THIS SPACE																																		
		 04242006 No Chg-LLC CR2E083 (11/05) 4. FEI Number 55-0880906 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																
6. Name and Address of Current Registered Agent GERSON, THEODORE F 367 GLENBROOK DRIVE ATLANTIS, FL 33462		DO NOT WRITE IN THIS SPACE																																
7. 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 if it is applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____																																		
Filing Fee is \$50.00 Due by May 1, 2006																																		
8. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE</td> <td>MGR</td> </tr> <tr> <td>NAME</td> <td>GERSON, THEODORE F</td> </tr> <tr> <td>STREET ADDRESS</td> <td>367 GLENBROOK DRIVE</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ATLANTIS, FL 33462</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>		TITLE	MGR	NAME	GERSON, THEODORE F	STREET ADDRESS	367 GLENBROOK DRIVE	CITY- ST- ZIP	ATLANTIS, FL 33462	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		000000534114 05/05/06-80150-023 50.00 DO NOT WRITE IN THIS SPACE
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9. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. SIGNATURE: <u>Theodore F. Gerson</u> 4-23-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZING REPRESENTATIVE Date Filing Place																																		