

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000000658

**Entity Name:** GAINESVILLE COMMERCE CENTER LIMITED PARTNERSHIP

**FILED**  
**Apr 18, 2024**  
**Secretary of State**  
**2087808159CC**

**Current Principal Place of Business:**

C/O AMJ INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

C/O AMJ INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 US

**FEI Number: 59-3574207**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WARREN, MICHAEL E  
C/O AMJ INC. OF GAINESVILLE  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 US

*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

**General Partner Detail :**

Document # 526352  
Name AMJ INC. OF GAINESVILLE  
Address 502 N.W. 16TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL E. WARREN**

**AGENT**

**04/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date