2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE: A Hay Chute ALICE GAYL CHRISTIE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SHECK SHECK

STAPLE

Apr 05, 2004 08:00 AM Secretary of State DOCUMENT # A99000001825 1. Entity Name GAYL CHRISTIE FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 26 AEGEAN AVENUE TAMPA FL 33606 26 AEGEAN AVENUE **TAMPA FL 33606** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E003 (11/03) 4. FEI Number Applied For City & State City & State 59-3607208 Not Applicable Zιp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTIE, ALICE GAYL 26 AEGEAN AVENUE Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 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 name of registered agent and this if applicable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION 10. Amount of Capital Contributions 9. Capital Contributions 86,000,00 \$86,000.00 in FLORIDA to date, as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS CHRISTIE, ALICE GAYL NAME STREET ADDRESS 26 AEGEAN AVENUE CITY-ST-ZIP U00000111206 CITY-ST-ZIP TAMPA FL 33606 114/13/**04-8**0006-025 526.25 DOCUMENT # STREET ADDRESS NAME CHRISTIE, PIERCE STREET ADDRESS 2719 FOREST CLUB DRIVE CDY-ST-ZP CITY-ST-78 PLANT CITY FL 33567 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZP CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZP CITY-SI-78 14. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED