

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001554

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** GABRAY CUTANEOUS PARTNERS, LTD.

**Current Principal Place of Business:**

75 N.E. 5TH AVENUE, APT. E  
DELRAY BEACH, FL 334835459

**New Principal Place of Business:**

**Current Mailing Address:**

75 N.E. 5TH AVENUE, APT. E  
DELRAY BEACH, FL 334835459

**New Mailing Address:**

**FEI Number:** 55-0804872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHILLINGER, BRENT M  
75 N.E. 5TH AVENUE, APT. E  
DELRAY BEACH, FL 334835459 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

**GENERAL PARTNER INFORMATION:**

Document #: L02000025948  
Name: CREMADEPIEL ASSOCIATES, LLC  
Address: 75 N.E. 5TH AVENUE, APT. E  
City-St-Zip: DELRAY BEACH, FL 334835459

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: BRENT SCHILLINGER

PRES

04/23/2012

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

\_\_\_\_\_  
Date