

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR 30 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4964187 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # A06000000653
1. Entity Name
GASTON FAMILY, LLLP



Principal Place of Business: **10606 STATE ROAD 121 NORTH GAINESVILLE, FL 32653**
Mailing Address: **1901 N.W. 67TH PLACE #E GAINESVILLE, FL 32653**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
GASTON, WILLIAM G III
10606 STATE ROAD 121 NORTH
GAINESVILLE, FL 32653

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000049411	STREET ADDRESS	
NAME	GASTON FAMILY PARTNERSHIP, LLC	CITY-ST-ZIP	
STREET ADDRESS	10606 STATE ROAD 121 NORTH		
CITY-ST-ZIP	GAINESVILLE, FL 32653		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

400102195134
05/11/07--01007--018 **\$55.00

STAPLE CHECK HERE

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

SIGNATURE: _____ DATE: **4/23/07** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER