


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008**

**FILED
Jul 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # A06000000653 1. Entity Name GASTON FAMILY, LLLP	
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Principal Place of Business 10606 STATE ROAD 121 NORTH GAINESVILLE, FL 32653	Mailing Address 1901 N.W. 67TH PLACE #E GAINESVILLE, FL 32653
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DO NOT WRITE IN THIS SPACE



07082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-4964187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GASTON, WILLIAM G III 10606 STATE ROAD 121 NORTH GAINESVILLE, FL 32653	DO NOT WRITE IN THIS SPACE
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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 07/17/08-80005-007 500.00

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**


In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L06000049411 GASTON FAMILY PARTNERSHIP, LLC 10606 STATE ROAD 121 NORTH GAINESVILLE, FL 32653
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**DO NOT WRITE
IN THIS SPACE**

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE