

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000753

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** THOMAS J. GAST FAMILY PARTNERSHIP LLLP

**Current Principal Place of Business:**

1601 S HIGHLAND AVE SUITE A  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1601 S HIGHLAND AVE SUITE A  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 64-0823100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAST, THOMAS J  
1601 S HIGHLAND AVE SUITE A  
CLEARWATER, FL 33756 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 #:

Name: GAST, THOMAS J  
Address: 1601 S HIGHLAND AVE SUITE A  
City-St-Zip: CLEARWATER, FL 33756

**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: THOMAS J. GAST

GP

02/11/2010

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

\_\_\_\_\_  
Date