


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A93000000765	
1. Entity Name GABRIEL FAMILY PARTNERS, LTD.	

Principal Place of Business C/O DINAH-K. SLATER P. O. BOX 86 ALTURAS FL 33820	Mailing Address C/O DINAH K. SLATER P. O. BOX 86 ALTURAS FL 33820
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent WRIGHT, STEVEN R 154 AVENUE H, S.E., SUITE 1 WINTER HAVEN FL 33880	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. *After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	THOMAS A. GABRIEL IRREVOCABLE TRUST A	STREET ADDRESS	
NAME	C/O STEVEN WRIGHT, 154 AVE H, SE	CITY-ST-ZIP	
STREET ADDRESS	WINTER HAVEN FL 33880		
CITY-ST-ZIP			
DOCUMENT #	DOROTHY V. GABRIEL REVOCABLE TRUST	STREET ADDRESS	000000619222
NAME	C/O STEVEN WRIGHT, 154 AVE H, SE	CITY-ST-ZIP	02/08/07-80062-005 500.00
STREET ADDRESS	WINTER HAVEN FL 33880		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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: Dinah K. Slater - Dinah K. Slater **01/30/07** **863-537-1524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE