2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A93000000765

Entity Name: GABRIEL FAMILY PARTNERS, LTD.

FILED Feb 06, 2009 Secretary of State

US

Current Principa	al Place of Business:	New Principal Place of Business:

C/0 DINAH K. SLATER
P. O. BOX 86
9 CYPRESS COVE RD.

ALTURAS, FL 33820 WINTER HAVEN, FL 33884 US

Current Mailing Address: New Mailing Address:

C/0 DINAH K. SLATER
P. O. BOX 86
9 CYPRESS COVE RD.
ALTURAS, FL 33820
WINTER HAVEN, FL 33884

FEI Number: 59-3192380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WRIGHT, STEVEN R 154 AVENUE H, S.E., SUITE 1 WINTER HAVEN, FL 33880 US

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:

ADDRESS CHANGES ONLY:

Document #:

Name: GABRIEL, ISBON J TRUSTEE

Address: 2113 EDGEWATER CIRCLE Address:

City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880 US

Document #:

Name: SLATER, DINAH KAY TRUSTEE

 Address:
 PO BOX 224
 Address:
 9 CYPRESS COVE RD.

 City-St-Zip:
 ALTURAS, FL 33820
 City-St-Zip:
 WINTER HAVEN, FL 33884 US

Document #:
Name: SMITH, MARY NELL TRUSTEE

Address: PO BOX 206 Address: 2805 OAK DR.

City-St-Zip: ALTURAS, FL 33820 City-St-Zip: ALTURAS, FL 33820 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DINAH SLATER TRUS 02/06/2009