


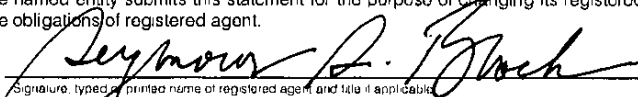
**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001958			
1. Entity Name BLOCK FAMILY PARTNERSHIP OF GAINESVILLE, LTD.			
Principal Place of Business 2906 S.W. 2ND AVENUE GAINESVILLE FL 32607		Mailing Address 2906 S.W. 2ND AVENUE GAINESVILLE FL 32607	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent BLOCK, SEYMOUR S 2906 S.W. 2ND AVENUE GAINESVILLE FL 32607		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			

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

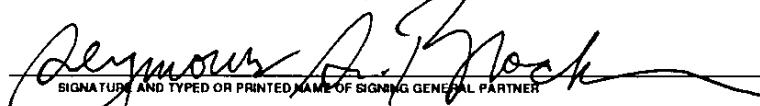
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BLOCK, SEYMOUR S 2906 S.W. 2ND AVENUE GAINESVILLE FL 32607	STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #	BLOCK, GERTRUDE H 2906 S.W. 2ND AVENUE GAINESVILLE FL 32607	STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS CITY - ST - ZIP			

U00000666594
03/23/07-80075-019 500.00

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