

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001825			
1. Entity Name GAYL CHRISTIE FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 26 AEGEAN AVENUE TAMPA FL 33606		Mailing Address 26 AEGEAN AVENUE TAMPA FL 33606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3607208		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTIE, ALICE GAYL 26 AEGEAN AVENUE TAMPA FL 33606		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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$86,000.00	10. Amount of Capital Contributions in FLORIDA to date. 86,000.00	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
NAME	CHRISTIE, ALICE GAYL	CITY-ST-ZIP	
STREET ADDRESS	26 AEGEAN AVENUE		
CITY-ST-ZIP	TAMPA FL 33606		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CHRISTIE, PIERCE	CITY-ST-ZIP	
STREET ADDRESS	2719 FOREST CLUB DRIVE		
CITY-ST-ZIP	PLANT CITY FL 33567		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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 exemption stated in Section 119.07(3)(i), 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: Alice Gayl Christie **ALICE GAYL CHRISTIE** 4/1/04 813-253-5409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE