


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT #A99000001825 1. Entity Name GAYL CHRISTIE FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 26 AEGEAN AVENUE TAMPA, FL 33606	Mailing Address 26 AEGEAN AVENUE TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3607208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHRISTIE, ALICE GAYL
26 AEGEAN AVENUE
TAMPA, FL 33606**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

U000003881988
04/15/08-80022-020-500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	
DOCUMENT #	
NAME	CHRISTIE, ALICE GAYL
STREET ADDRESS	26 AEGEAN AVENUE
CITY-ST-ZIP	TAMPA, FL 33606
DOCUMENT #	
NAME	CHRISTIE, PIERCE
STREET ADDRESS	2719 FOREST CLUB DRIVE
CITY-ST-ZIP	PLANT CITY, FL 33567
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Alice Gayl Christie* **4/1/08** **813-253-3409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE