

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000001825

**FILED**  
**Apr 26, 2009**  
**Secretary of State**

**Entity Name:** GAYL CHRISTIE FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

26 AEGEAN AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

2719 FOREST CLUB DR.  
PLANT CITY, FL 33566

**Current Mailing Address:**

26 AEGEAN AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-3607208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

Document #:

Name: CHRISTIE, ALICE GAYL

Address: 26 AEGEAN AVENUE

City-St-Zip: TAMPA, FL 33606

Document #:

Name: CHRISTIE, PIERCE

Address: 2719 FOREST CLUB DRIVE

City-St-Zip: PLANT CITY, FL 33567

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip: PLANT CITY, FL 33566

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: PIERCE CHRISTIE

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/26/2009

\_\_\_\_\_  
Date