2003	LIMITED	) PARTI	NERSHI	P
JNIFOR M	<u>I B</u> YSIN	ESS RE	PORT (	UBR)

DOCUMENT # A9900001825  1. Entity Name GAYL CHRISTIE FAMILY PARTNERSHIP, LTD.			None in the second	FILEI			
26 AEĞEAN AVENUE 26 AEĞEA		Mailing Address 26 AEGEAN AVENUE TAMPA FL 33606	AEĞEAN AVENUE		SECRETARY OF TALLAHASSEE, F	STATE FLORIDA	
Principal Place of Business     Address     Mailing Address				818 1811 1811 1811 1811 1811 1811 1811			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State		City & State		4. FEI Number	59-3607208	Applied For Not Applicable	
Zip	Country	Żip	Country	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			ddress of New Registere	d Agent	
BRIDGES.	, BLUCHER B	سواحمون مواملين	Name ALICE GAYL CHKSTE				
26 AEGE	AN AVENUE		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
TAMPA F	L 33606		1		• -	1	
			City TA	MA	F	Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regis	tered agent, or both,	in the State of Florida. I a		
SIGNATURE -	alui Haul Chita	speral par	tree		1/10	103	
9. Capital Contributions as Shown on record.  \$86,000.00  10. Amount of Capital in FLORIDA to date.							
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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: A SIGNATURE AND TYPE

Date

Daytime Phone #

CR2E003 (10/02)