


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000049411</b> 1. Entity Name GASTON FAMILY PARTNERSHIP, LLC	
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Principal Place of Business 10606 STATE ROAD 121 NORTH GAINESVILLE, FL 32653	Mailing Address 1901 N.W. 67TH PLACE # E GAINESVILLE, FL 32653
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07082008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-4964187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GASTON, WILLIAM G III 10606 STATE ROAD 121 NORTH GAINESVILLE, FL 32653	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.


**Due by September 12, 2008**

U00000954109  
07/10/08-80011-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASTON, WILLIAM G III 10606 STATE RD 121 NORTH GAINESVILLE, FL 32653
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  7/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #