

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000215

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** G.F. AND MARY ELLEN WARD FAMILY LIMITED PARTNSHIP

**Current Principal Place of Business:**

2082 WARD'S OFFICE LANE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 850  
AVON PARK, FL 33825

**New Mailing Address:**

P.O. BOX 850  
AVON PARK, FL 33826

FEI Number: 65-0700789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARD, MARCIA L  
2082 WARD'S OFFICE LANE  
AVON PARK, FL 33825 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: BARBER, DEBORAH A  
Address: 2082 WARD'S OFFICE LANE  
City-St-Zip: AVON PARK, FL 33825

Document #:

Name: WARD, MARCIA L  
Address: 2082 WARD'S OFFICE LANE  
City-St-Zip: AVON PARK, FL 33825

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

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: MARCIA L. WARD

RA

02/13/2009

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

\_\_\_\_\_  
Date