2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000746

City-St-Zip:

ZEPHYRHILLS, FL 335416237

Entity Name: TWO CORNERS LIMITED PARTNERSHIP, LLLP

FILED Apr 22, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 4622 GALL BLVD. ZEPHYRHILLS, FL 335416237 **Current Mailing Address: New Mailing Address:** P.O. BOX 9005 ZEPHYRHILLS, FL 335399005 FEI Number: 20-1097072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINVILE, TERRY 4622 GÁLL BLVD. ZEPHYRHILLS, FL 335416237 US 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:** ADDRESS CHANGES ONLY: Document #: LINVILLE, TERRY Name: 4622 GALL BLVD. Address: Address: City-St-Zip: ZEPHYRHILLS, FL 335416237 City-St-Zip: Document #: LINVILLE, DANNY Name: Address: 4622 GALL BLVD. Address: City-St-Zip: ZEPHYRHILLS, FL 335416237 City-St-Zip: Document #: Name: LINVILLE, JAY 4622 GALL BLVD. Address: Address: City-St-Zip: ZEPHYRHILLS, FL 335416237 City-St-Zip: Document #: Name: LINVILLE, TIMOTHY Address: 4622 GALL BLVD. Address: City-St-Zip: ZEPHYRHILLS, FL 335416237 City-St-Zip: Document #: Name: LINVILLE, ANTHONY Address: 4622 GALL BLVD. Address:

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.

City-St-Zip:

SIGNATURE: TERRY LINVILLE GP 04/22/2009