

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000001060

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Entity Name:** PATTY & C.J. SCOTT FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950    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: SCOTT, PATRICIA A  
Address: 3443 TAMiami TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDRESS CHANGES ONLY:**

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: PATRICIA A. SCOTT

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

GP

04/03/2009

\_\_\_\_\_ Date