

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A08000000293

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** LAZARINI FAMILY PARTNERSHIP, L.P.

**Current Principal Place of Business:**

400 KELLY PLANTATION DRIVE, UNIT 1003  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

400 KELLY PLANTATION DRIVE, UNIT 1003  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 20-8637685      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

LAZARINI, GARY L  
400 KELLY PLANTATION DRIVE, UNIT 1003  
DESTIN, FL 32541 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 #:

Name: LAZARINI, GARY L  
Address: 400 KELLY PLANTATION DRIVE, UNIT 1003  
City-St-Zip: DESTIN, FL 32541

Address:  
City-St-Zip:

Document #:

Name: PESCE LAZARINI, ELIZABETH  
Address: 400 KELLY PLANTATION DRIVE, UNIT 1003  
City-St-Zip: DESTIN, FL 32541

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: GARY LAZARINI

MGRM

05/01/2009

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

\_\_\_\_\_  
Date