2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A08000000639

Address:

City-St-Zip:

Entity Name: ANDREWS FAMILY PARTNERSHIP, LTD.

917 WEST MADISON STREET

STARKE, FL 32091 US

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal	New Principal Place of Business:		
917 WEST M STARKE, FL		STREET US		·			
Current Mailing Address:				New Mailing A	New Mailing Address:		
POST OFFICE BOX 94 STARKE, FL 32091 US			POST OFFICE BOX 457 STARKE, FL 32091 US				
FEI Number: 26	6-2892138	FEI Numb	er Applied For()	FEI Number Not Applicable	e ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Add	Name and Address of New Registered Agent:		
TAYLOR, JA 420 SOUTH KEYSTONE	LAWRENC		US				
The above na in the State o		submits this	s statement for the	purpose of changing its re	gistered o	ffice or registered agent, or bot	
SIGNATURE	Ξ:						
	Electro	onic Signatur	e of Registered Ag	ent		Date	
GENERAL PARTNER INFORMATION:				ADDRESS CHANG	GES ONLY:		
Document #: L		5 ARTNERS LLC					

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: SHIRLEY N ANDREWS MGR 04/27/2009