

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A08000000639

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** ANDREWS FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

917 WEST MADISON STREET  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 457  
STARKE, FL 32091 US

**New Mailing Address:**

FEI Number: 26-2892138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAYLOR, JAMES J JR  
420 SOUTH LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656 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 #: L08000060015  
Name: ANDREWS PARTNERS LLC  
Address: 917 WEST MADISON STREET  
City-St-Zip: STARKE, FL 32091 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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

02/02/2012

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

\_\_\_\_\_  
Date