

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000201

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** HOMESTEAD CABIN LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 27-1752226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLY, CHARLES M JR.  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103 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: DW ANDERSON MANAGEMENT, LLC  
Address: 2390 TAMIAMI TRAIL NORTH, STE. 204  
City-St-Zip: NAPLES, FL 34103

**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: DONALD ANDERSON

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

02/06/2012

\_\_\_\_\_ Date