

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B97000000054

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** THE RINCON FAMILY PARTNERSHIP, L.P.

**Current Principal Place of Business:**

1013 CENTRE ROAD  
WILMINGTON, DE 19805

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MENDIVE & GONZALEZ, P.A.  
250 CATALONIA AVE, SUITE 705  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 51-0377834      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MENDIVE, ARMANDO G CPA  
250 CATALONIA AVE., SUITE 705  
CORAL GABLES, FL 33134    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 #: F97000000531  
Name: RINCON MANAGEMENT COMPANY, INC.  
Address: 1013 CENTRE ROAD  
City-St-Zip: WILMINGTON, DE 19805

**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: RINCON HOLLY S

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

PSTD

03/19/2009

\_\_\_\_\_ Date