

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000000215

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC7803519066**

**Entity Name:** G.F. AND MARY ELLEN WARD FAMILY LIMITED PARTNSHIP

**Current Principal Place of Business:**

2082 WARD'S OFFICE LANE  
AVON PARK, FL 33825

**Current Mailing Address:**

P.O. BOX 850  
AVON PARK, FL 33826

**FEI Number:** 65-0700789

**Certificate of Status Desired:** No

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

WARD, MARCIA L  
2082 WARD'S OFFICE LANE  
AVON PARK, FL 33825 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 Detail :**

Document #	BARBER, DEBORAH A	Document #	WARD, MARCIA L
Name	2082 WARD'S OFFICE LANE	Name	2082 WARD'S OFFICE LANE
Address	AVON PARK FL 33825	Address	AVON PARK FL 33825
City-State-Zip:		City-State-Zip:	

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARCIA L. WARD

**PARTNER/REG AGENT**

**02/19/2014**

Electronic Signature of Signing General Partner Detail

Date