

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001453

**Entity Name:** ACS FAMILY LIMITED PARTNERSHIP, LTD.

**Current Principal Place of Business:**

613 WIDEVIEW AVE.  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

P.O. BOX 1293  
TARPON SPRINGS, FL 34688

**FEI Number: 59-3753121**

**Certificate of Status Desired: No**

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

MARQUARDT, EMIL CJR, ESQ  
625 COURT STREET  
SUITE 200  
CLEARWATER, FL 33756 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 # P01000103986  
Name ACS GENERAL PARTNERS, INC.  
Address 321 HIGH ST  
City-State-Zip: TARPON SPRINGS FL 34689

*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: DAVID B. AIDE** \_\_\_\_\_

**PRES.**

**04/19/2014**

Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date