

2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001290

Entity Name: R.E.C. ASSET MANAGEMENT, LLP**Current Principal Place of Business:**ROBERT E. CLAYPOOLE
3211 OLD BARN COURT
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**MICHAEL N CLAYPOOLE
1060 GROVES MANOR CT
MOUNT PLEASANT, SC 29464 US**FEI Number:** 22-3248153**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLAYPOOLE, ROBERT E
3211 OLD BARN COURT
PONTE VEDRA BEACH, FL 32082 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 #

Name NINOS, PATRICIA C
Address 1133 WYNNEWOOD DRIVE
City-State-Zip: NORTHAMPTON PA 18067

Document #

Name CLAYPOOLE, N. CATHERINE
Address 34 HURD ROAD
City-State-Zip: BELMONT MA 02478

Document #

Name FARRELL, KIMBERLY A
Address 3005 SEVIER ROAD
City-State-Zip: MARIETTA NY 13110

Document #

Name CLAYPOOLE, CHRISTINE M
Address 2459 PALMETTO ST
City-State-Zip: OAKLAND CA 94602

Document #

Name CLAYPOOLE, ROBERT EJ.
Address 204 AFFIRMED COURT
City-State-Zip: MILTON GA 30004

Document #

Name CLAYPOOLE, MICHAEL N
Address 1060 GROVES MANOR CT
City-State-Zip: MOUNT PLEASANT SC 29464

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: MICHAEL CLAYPOOLE**GENERAL PARTNER****02/22/2019**

Electronic Signature of Signing General Partner Detail

Date