

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000366

**Entity Name:** THE SHMALO/PONCE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1023 WAGON WHEEL DRIVE  
SARASOTA, FL 34240

**Current Mailing Address:**

1023 WAGON WHEEL DRIVE  
SARASOTA, FL 34240 US

**FEI Number:** 20-2351233

**Certificate of Status Desired:** No

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

CORBRIDGE, C. KELLEY ESQ.  
1314 E. VENICE AVE.  
SUITE D  
VENICE, FL 34285 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 # P05000022519

Name GINAROSE, INC.

Address 1023 WAGON WHEEL DRIVE

City-State-Zip: SARASOTA FL 34240

*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:** REGINA PONCE

**MANAGER**

**02/09/2017**

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

\_\_\_\_\_  
Date