

2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A08000000639

Entity Name: ANDREWS FAMILY PARTNERSHIP, LTD.

Current Principal Place of Business:

917 WEST MADISON STREET
STARKE, FL 32091

Current Mailing Address:

POST OFFICE BOX 457
STARKE, FL 32091 US

FEI Number: 26-2892138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, JAMES JJR
420 SOUTH LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 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 # L08000060015
Name ANDREWS PARTNERS LLC
Address 917 WEST MADISON STREET
City-State-Zip: STARKE FL 32091

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: JAMES J ANDREWS

MANAGER

02/02/2015

_____ Electronic Signature of Signing General Partner Detail

_____ Date