

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000178

**Entity Name:** EDWARDS FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

917 SOUTH FIRST STREET  
302  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

917 SOUTH FIRST STREET  
302  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 27-0762749

**Certificate of Status Desired:** No

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

THE NICHOLS GROUP, PA  
1635 EAGLE HARBOR PKWY  
4  
FLEMING ISLAND, FL 32003 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 SILVERMAN, JUDITH

Address 917 SOUTH FIRST STREET, UNIT 302

City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JUDITH SILVERMAN

**PRESIDENT**

**04/21/2014**

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

\_\_\_\_\_  
Date