

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000201

**Entity Name:** HOMESTEAD CABIN LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103

**Current Mailing Address:**

C/O KELLY, PASSIDOMO & ALBA, LLP  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103

**FEI Number:** 27-1752226

**Certificate of Status Desired:** No

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

KELLY, CHARLES MJR.  
2390 TAMIAMI TRAIL NORTH, SUITE 204  
NAPLES, FL 34103 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 DW ANDERSON MANAGEMENT, LLC

Address 2390 TAMIAMI TRAIL NORTH, STE.  
204

City-State-Zip: NAPLES FL 34103

*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:** DW ANDERSON MANAGEMENT LLC

**MANAGER**

**01/25/2016**

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

\_\_\_\_\_ Date