

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A92000000245

**Entity Name:** FORT FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

500 5TH ST NE  
FT. MEADE, FL 33841

**Current Mailing Address:**

500 5TH ST NE  
FT. MEADE, FL 33841 US

**FEI Number:** 59-3155118

**Certificate of Status Desired:** No

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

FORT, RICHARD AJR.  
500 5TH ST NE  
FT. MEADE, FL 33841 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 FORT, MARY V  
Address 100 NORTH OAK AVENUE  
City-State-Zip: FT. MEADE FL 33841

Document # P92000011240  
Name FORT MANAGEMENT COMPANY, INC.  
Address 500 5TH ST NE  
City-State-Zip: FT. MEADE FL 33841

*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:** RICHARD FORT

**PARTNER**

**04/22/2014**

Electronic Signature of Signing General Partner Detail

Date