

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000840

**FILED**  
**Jul 30, 2017**  
**Secretary of State**  
**CC3296556116**

**Entity Name:** STUBBINS FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6110 NORTH OCEAN BLVD.  
PELICAN COVE #3  
OCEAN RIDGE, FL 33435

**Current Mailing Address:**

16792 CARMICHAEL PL  
PURCELLVILLE, VA 20132

**FEI Number:** 36-4115404

**Certificate of Status Desired:** Yes

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

STUBBINS, MICHAEL H  
6110 NORTH OCEAN BLVD.  
PELICAN COVE #3  
OCEAN RIDGE, FL 33435 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 # P96000037938  
Name STUCO, INC.  
Address 6110 NORTH OCEAN BLVD., PELICAN  
COVE #3  
City-State-Zip: OCEAN RIDGE FL 33435

Document #  
Name STUBBINS, HUGH AIII  
Address 1 MARSHVIEW DRIVE  
City-State-Zip: BEAUFORT SC 04843

Document #  
Name STUBBINS, MICHAEL H  
Address 16792 CARMICHAEL PL  
City-State-Zip: PURCELLVILLE VA 20132

*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:** MICHAEL STUBBINS

**GP**

**07/30/2017**

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

\_\_\_\_\_  
Date