

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001443

**Entity Name:** JAMES BROWN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

341 EDGE AVE  
VALPARISO, FL 32580

**Current Mailing Address:**

P.O. BOX 219  
VERNON, FL 32462

**FEI Number:** 59-3389189

**Certificate of Status Desired:** No

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

BROWN, JAMES J  
341 EDGE AVE  
VALPARISO, FL 32580 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 # P96000049124  
Name SAFEL, INC.  
Address 111 SUN LANE  
City-State-Zip: PANAMA CITY BEACH FL 32413

*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 BROWN**

**OWNER**

**04/26/2014**

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

\_\_\_\_\_  
Date