

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000186

**Entity Name:** BERT E. ROPER AND BARBARA C. ROPER FAMILY LIMITED  
LIABILITY LIMITED PARTNERSHIP

**FILED**  
**Mar 04, 2024**  
**Secretary of State**  
**3677701481CC**

**Current Principal Place of Business:**

146 W PLANT STREET  
SUITE 250  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P O BOX 770218  
WINTER GARDEN, FL 34777-0218 US

**FEI Number: 59-3420295**

**Certificate of Status Desired: No**

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

ASMA, C. NICK  
884 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787-3910 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 BERT E. ROPER LIVING TRUST  
Address P O BOX 770218  
City-State-Zip: WINTER GARDEN FL 34777-0218

Document #  
Name BARBARA C. ROPER LIVING TRUST  
Address P O BOX 770218  
City-State-Zip: WINTER GARDEN FL 34777-0218

*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: CHARLES F ROPER**

**TRUSTEE FOR GEN PTR**

**03/04/2024**

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

\_\_\_\_\_  
Date