

**2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000002463

**Entity Name:** GERALD E. BUTTS LIMITED PARTNERSHIP

**Current Principal Place of Business:**

535 N BAY DR  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

535 N BAY DR  
LYNN HAVEN, FL 32444 US

**FEI Number:** 59-3548779

**Certificate of Status Desired:** No

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

BUTTS, GERALD EDR.  
535 N BAY DR  
LYNN HAVEN, FL 32444 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 BUTTS, GERALD ETRUSTEE

Address 535 N BAY DR

City-State-Zip: LYNN HAVEN FL 32444

*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:** GERALD BUTTS

**PRES**

**02/09/2019**

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

\_\_\_\_\_  
Date