

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000238

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** ARTZIBUSHEV ENTERPRISES, LTD.

**Current Principal Place of Business:**

1525 W. HILLSBOROUGH  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

16559 HUTCHINSON ROAD  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 59-3629234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAMONTOFF, NADINE  
61610 FITZGERALD RD  
ODESSA, FL 33556 US

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

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 INFORMATION:**

Document #:

Name: ARTZIBUSHEV, CONSTANTIN  
Address: 16559 HUTCHINSON ROAD  
City-St-Zip: ODESSA, FL 33556

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: ARTZIBUSHEV, DIMITRI  
Address: 16555 HUTCHINSON RD  
City-St-Zip: ODESSA, FL 33556

Address:  
City-St-Zip:

Document #:

Name: MAMONTOFF, NADINE A  
Address: 6160 FITZGERALD ROAD  
City-St-Zip: ODESSA, FL 33556

Address:  
City-St-Zip:

I hereby certify that the information indicated on this 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.

SIGNATURE: NADINE A, MAMONTOFF

GP

04/29/2012

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

\_\_\_\_\_  
Date