

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001158

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Entity Name:** HOLLINGSWORTH TRADING, L.P.

**Current Principal Place of Business:**

2128 E EDGEWOOD DR  
SUITE 109  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1614  
LAKELAND, FL 33802

**New Mailing Address:**

**FEI Number:** 59-3658073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

APLIN, DAVID F  
2128 E EDGEWOOD DR  
SUITE 109  
LAKELAND, FL 33803 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 #: P00000042973  
Name: HOLLINGSWORTH CAPITAL MANAGEMENT, INC.  
Address: 124 S. FLORIDA AVE., STE. 200  
City-St-Zip: LAKELAND, FL 33803

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID F. APLIN

GP

02/04/2009

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

\_\_\_\_\_  
Date