

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001216

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** B.M.F. FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1 CYPRESS COVE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

11891 US HIGHWAY 1  
SUITE 100  
NORTH PALM BEACH, FL 33408 US

**Current Mailing Address:**

1 CYPRESS COVE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

11891 US HIGHWAY 1  
SUITE 100  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 65-1004303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLEMING, CHRISTIAN M  
1 CYPRESS COVE  
PALM BEACH GARDENS, FL 33418 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: FLEMING, BARBARA M

Address: 1 CYPRESS COVE

City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDRESS CHANGES ONLY:**

Address: 14 SHELDRAKE LANE

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: BARBARA M FLEMING

GP

01/04/2012

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

\_\_\_\_\_  
Date