

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001257

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** BEST FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1880 N CRYSTAL LAKE DR  
UNIT 45  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

1880 N CRYSTAL LAKE DR  
UNIT 45  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 59-3665710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEST, MARY L  
1880 N CRYSTAL LAKE DR.  
UNIT 45  
LAKELAND, FL 33801 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: BEST, MARY L

Address: 1880 N CRYSTAL LAKE DR, SUITE 45

City-St-Zip: LAKELAND, FL 338015974

**ADDRESS CHANGES ONLY:**

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: MARY BEST

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

04/07/2011

\_\_\_\_\_  
Date