

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001372

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** WHISENANT FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

19725 STATE ROAD 62  
PARRISH, FL 34219

**New Principal Place of Business:**

19725 STATE ROAD 62  
PARRISH, FL 34219 US

**Current Mailing Address:**

19725 STATE ROAD 62  
PARRISH, FL 34219

**New Mailing Address:**

PO BOX 207  
PARRISH, FL 34219 US

**FEI Number:** 65-1065341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHISENANT, BLAKE  
19725 STATE ROAD 62  
PARRISH, FL 34219 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 #: P00000027730  
Name: WHISENANT, INC.  
Address: 19725 STATE ROAD 62  
City-St-Zip: PARRISH, FL 34219

**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: BLAKE WHISENANT

RA

02/10/2012

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

\_\_\_\_\_  
Date