

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000001795

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** M.G. HARDEE FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

120 NORTH 20TH STREET  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

120 NORTH 20TH STREET  
TAMPA, FL 33605

**New Mailing Address:**

P O BOX 75284  
TAMPA, FL 33675

**FEI Number:** 59-3684310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDEE, JAMES B JR.  
120 NORTH 20TH STREET  
TAMPA, FL 33605 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: HARDEE, MARY G  
Address: 120 NORTH 20TH STREET  
City-St-Zip: TAMPA, FL 33605

Document #:

Name: HARDEE, JAMES B JR.  
Address: 120 NORTH 20TH STREET  
City-St-Zip: TAMPA, FL 33605

Document #:

Name: CAMPBELL, BARBARA H  
Address: 120 NORTH 20TH STREET  
City-St-Zip: TAMPA, FL 33605

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

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: BARBARA H CAMPBELL

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

01/15/2009

\_\_\_\_\_ Date