

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000355

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** FEAGLE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

153 NE MADISON ST.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1653  
LAKE CITY, FL 320561653

**New Mailing Address:**

FEI Number: 59-3707103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEAGLE, MARLIN M  
153 NE MADISON ST  
LAKE CITY, FL 32055 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: FEAGLE, MARLIN M  
Address: 153 NE MADISON STREET  
City-St-Zip: LAKE CITY, FL 32055

**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: MARLIN M. FEAGLE

GP

04/19/2011

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

\_\_\_\_\_  
Date