

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000000375

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Entity Name:** ALLMON FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

9400 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1626  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 59-3705627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASARCH, STEVEN J ESQUIRE  
20283 STATE RD 7  
SUITE 400  
BOCA RATON, FL 33498 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 #: P00000111772  
Name: ALLMON FAMILY ENTERPRISES, INC.  
Address: 9400 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

**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: BARBARA A. CAMPBELL, ALLMON FAMILY ENT INC

VP/S

01/30/2011

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

\_\_\_\_\_  
Date