

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000911

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** JANICE POLLIO FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

817 GRENADA LANE  
LITTLE TORCH KEY, FL 33042

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LINDA L SNELLING, ESQ.  
1 E BROWARD BLVD STE 1010  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 65-1126879      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SNELLING, LINDA L ESQ.  
1 E BROWARD BLVD STE 1010  
FT LAUDERDALE, FL 33301      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: POLLIO, JANICE TRUSTEE  
Address: PO BOX 420931  
City-St-Zip: LITTLE TORCH KEY, FL 33042

**ADDRESS CHANGES ONLY:**

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: JANICE POLLIO HUSSEY

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

MS.

04/07/2009

\_\_\_\_\_  
Date