

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001453

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** ACS FAMILY LIMITED PARTNERSHIP, LTD.

**Current Principal Place of Business:**

321 HIGH ST  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1293  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 59-3753121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARQUARDT, EMIL C JR, ESQ  
625 COURT STREET  
SUITE 200  
CLEARWATER, FL 33756 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 #: P01000103986  
Name: ACS GENERAL PARTNERS, INC.  
Address: 321 HIGH ST  
City-St-Zip: TARPON SPRINGS, FL 34689

**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: DAVID B. AIDE

PD

04/13/2009

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

\_\_\_\_\_  
Date