

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001501

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** BJERNING FAMILY PARTNERSHIP, LLLP

**Current Principal Place of Business:**

5435 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

5435 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 01-0566205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BJERNING, EUGENE K  
5435 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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:** BJERNING, EUGENE K TRUSTEE  
**Address:** 5435 S TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32952

**ADDRESS CHANGES ONLY:**

**Address:**  
**City-St-Zip:**

**Document #:**

**Name:** BJERNING, PATRICIA L TRUSTEE  
**Address:** 5435 S TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32952

**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:** EUGENE K BJERNING

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

01/04/2011

\_\_\_\_\_  
Date