

# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000001563

**FILED**  
**Apr 21, 2008**  
**Secretary of State**

**Entity Name:** THE ALSON FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

89 CIMMARON DRIVE  
PALM COAST, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

89 CIMMARON DRIVE  
PALM COAST, FL 32317

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH, SUITE B  
PALM COAST, FL 32137    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 #: P01000112469  
Name: ALSON ENTERPRISES, INC.  
Address: 89 CIMMARON DRIVE  
City-St-Zip: PALM COAST, FL 32137

**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: ALFRED L. ALSON, M. D.

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

04/21/2008

\_\_\_\_\_ Date