

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000001630

**FILED**  
**Jan 11, 2009**  
**Secretary of State**

**Entity Name:** STOKES FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

503 N. CAUSEWAY  
APARTMENT 503  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

708 FAULKNER ST  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

PO BOX 1345  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 22-3851011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HODSON, DOUGLAS  
503 N. CAUSEWAY  
APARTMENT 503  
NEW SMYRNA BEACH, FL 32169 US

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

HODSON, DOUGLAS  
708 FAULKNER ST  
NEW SMYRNA BEACH, FL 32168 US

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: DOUGLAS D. HODSON SR

01/11/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HODSON, DOUGLAS D SR.

Address: P.O. BOX 1345

City-St-Zip: NEW SMYRNA BEACH, FL 32170

Document #:

Name: BACHMANN, LAUREN ANN

Address: 6176 LOCUST HILL RD.

City-St-Zip: DAYTON, OH 45459

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

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: DOUGLAS D. HODSON, SR

01/11/2009

Electronic Signature of Signing General Partner

Date