

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000285

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** THE CONNORS AVENUE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

204 CONNORS AVENUE  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

4400 NORWOOD LANE  
PLYMOUTH, MN 55442 US

**New Mailing Address:**

**FEI Number:** 01-0625459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, WILLIAM F  
204 CONNORS AVENUE  
NAPLES, FL 34108 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: MARTIN, WILLIAM F TRUSTEE  
Address: 204 CONNORS AVENUE  
City-St-Zip: NAPLES, FL 34108

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: MARTIN, SHIRLEY A TRUSTEE  
Address: 204 CONNORS AVENUE  
City-St-Zip: NAPLES, FL 34108

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:** WILLIAM F. MARTIN

**PRES**

**03/06/2012**

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

\_\_\_\_\_  
Date