## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A02000000297

Entity Name: STREEM FAMILY LIMITED PARTNERSHIP

FILED Jan 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7505 STONEYBROOK DRIVE, UNIT #734 7505 STONEYBROOK DRIVE NAPLES, FL 34112

**UNIT 734** 

NAPLES, FL 34112

**Current Mailing Address: New Mailing Address:** 

7505 STONEYBROOK DRIVE, UNIT #734 7505 STONEYBROOK DRIVE

NAPLES, FL 34112 **UNIT 734** 

NAPLES, FL 34112

FEI Number: 03-0421967 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JONES FOSTER SERVICE, LLC JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE 505 SOUTH FLAGLER DRIVE, SUITE 1100

WEST PALM BEACH, FL 334023475 US SUITE 1100

WEST PALM BEACH, FL 334023475 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: 01/18/2009

> Electronic Signature of Registered Agent Date

**GENERAL PARTNER INFORMATION:** ADDRESS CHANGES ONLY:

Document #:

FREIBERG, BARBARA S Name:

3392 NOYAC ROAD Address: Address: City-St-Zip: SAG HARBOR, NY 11963 City-St-Zip:

Document #:

STREEM, KATHRYN G Name:

Address: 3724 BLACK FEATHER DRIVE Address: 5590 ALHAMBRA VALLEY ROAD

City-St-Zip: EL SOBRANTE, CA 94803 City-St-Zip: MARTINEZ, CA 94553

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.

GΡ SIGNATURE: BARBARA S. FREIBERG 01/18/2009