

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000425

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** ALLMON FAMILY INVESTMENT PARTNERSHIP, LTD.

**Current Principal Place of Business:**

9400 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1626  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 01-0663312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASARCH, STEVEN J ESQ.  
1900 N.W. CORPORATE BOULEVARD, SUITE 400 E  
BOCA RATON, FL 33431 US

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

ASARCH, STEVEN J ESQ.  
20283 STATE RD 7  
SUITE 400  
BOCA RATON, FL 33498 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/19/2009

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P00000111772  
Name: ALLMON FAMILY ENTERPRISES, INC.  
Address: 9400 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32962

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: MERRITT ISLAND, FL 32952

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: BARBARA A. CAMPBELL

VPS

03/19/2009

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

\_\_\_\_\_  
Date