

2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000507

FILED
Feb 29, 2012
Secretary of State

Entity Name: ORNS ENTERPRISE ASSOCIATES, LTD.

Current Principal Place of Business:

12406 WINDTREE BLVD
SEMINOLE, FL 33772

New Principal Place of Business:

12406 WINDTREE BLVD
12406 WINDTREE BLVD
SEMINOLE, FL 33772 UN

Current Mailing Address:

12406 WINDTREE BLVD
SEMINOLE, FL 33772 US

New Mailing Address:

12406 WINDTREE BLVD
12406 WINDTREE BLVD
SEMINOLE, FL 33772 UN

FEI Number: 04-3638379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KITENPLON, DAVID A
12406 WINDTREE BLVD
SEMINOLE, FL 33772 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: ORNS, LONNIE T
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772 US

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Document #:

Name: ORNS, JILL R
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772 US

Address:
City-St-Zip:

Document #:

Name: MORRIS, PAMELA B
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772 US

Address:
City-St-Zip:

Document #:

Name: KITENPLON, IVY L
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772 US

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: LONNIE ORNS

GP

02/29/2012

Electronic Signature of Signing General Partner

Date