

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000551

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** M.N.S. FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2645 SOUTH BAYSHORE DRIVE, UNIT 202  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2645 SOUTH BAYSHORE DRIVE, UNIT 202  
COCONUT GROVE, FL 33133

**New Mailing Address:**

P.O. BOX 427  
BANNER ELK, NC 28604

**FEI Number:** 03-0423814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA, SUITE 700  
MIAMI, FL 33131 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: SCHLEIFER, MARTIN TRUSTEE  
Address: 2645 SOUTH BAYSHORE DRIVE, UNIT 202  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: SCHLEIFER, NANCY TRUSTEE  
Address: P.O. BOX 427  
City-St-Zip: BANNER ELK, NC 28604

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: NANCY SCHLEIFER

GP

02/10/2012

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

\_\_\_\_\_  
Date