

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000656

FILED
Aug 17, 2009
Secretary of State

Entity Name: THE WHITMIRE FAMILY PARTNERS, LLLP

Current Principal Place of Business:

4715 SHORECREST DRIVE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

4715 SHORECREST DRIVE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 36-4499387 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DELOACH BRYANT, CARLA ESQUIRE
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803 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

Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: WHITMIRE, CARTER C
Address: 4715 SHORECREST DRIVE
City-St-Zip: ORLANDO, FL 32817

Address:
City-St-Zip:

Document #:

Name: WHITMIRE, WILLIAM
Address: 6619 HIDDEN BEACH CR
City-St-Zip: ORLANDO, FL 32819

Address:
City-St-Zip:

Document #:

Name: WHITMIRE, KATHY
Address: 809 CORDOVA DR
City-St-Zip: ORLANDO, FL 32804

Address:
City-St-Zip:

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: CARTER WHITMIRE

Electronic Signature of Signing General Partner

08/17/2009

Date