

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000713

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** WHITE/BRANDON LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5957 BAYVIEW CIRCLE SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

1912 GULF BLVD.  
#301  
INDIAN ROCKS BEACH, FL 33785

**Current Mailing Address:**

5957 BAYVIEW CIRCLE SOUTH  
GULFPORT, FL 33707

**New Mailing Address:**

1912 GULF BLVD.  
#301  
INDIAN ROCKS BEACH, FL 33785

**FEI Number:** 71-0892855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LECOMPTE, MORRIS A ESQ.  
C/O MORRIS A. LECOMPTE, P.A.  
800 SECOND AVE. SOUTH, SUITE 380  
ST. PETERSBURG, FL 33701 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 #: P02000053814  
Name: WHITE/BRANDON CORORATION  
Address: 5957 BAYVIEW CIRCLE SOUTH  
City-St-Zip: GULFPORT, FL 33707

**ADDRESS CHANGES ONLY:**

Address: 1912 GULF BLVD., #301  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: MEGAN L. ANDERSON

P

03/30/2009

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

\_\_\_\_\_  
Date