2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000729

FILED Mar 18, 2009 Secretary of State

Entity Name: THE NEWCOMB FAMILY LIMITED PARTNERSHIP, LTD.

Current Principal Place of Business:			New Principal Place of Business:		
5909 TURII CORAL GA	N STREET ABLES, FL 33	134			
Current Mailing Address:			New Mailing Address:		
5909 TURII CORAL GA	N STREET ABLES, FL 33	134			
FEI Number:	01-0695434	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
MOLANS, 0 5909 TURII CORAL GA		134 US			
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY	ADDRESS CHANGES ONLY:	
Document #: Name: Address: City-St-Zip:	ame: NEWCOMB, FRED W ddress: 5909 TURIN STREET		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: FRED W NEDWCOMB 03/18/2009