

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001009

**FILED**  
**Jun 17, 2011**  
**Secretary of State**

**Entity Name:** THE PARRA FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

745 OAK SHADOWS ROAD  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

745 OAK SHADOWS ROAD  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 16-1617708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARRA, EDUARDO  
745 OAK SHADOWS ROAD  
CELEBRATION, FL 34747 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: PARRA, EDUARDO  
Address: 745 OAK SHADOWS ROAD  
City-St-Zip: CELEBRATION, FL 34747

**ADDRESS CHANGES ONLY:**

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: EDUARDO PARRA DAVILA

DP

06/17/2011

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

\_\_\_\_\_  
Date