

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001299

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** GOODSON FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

12325 HWY. 672  
BALM, FL 33503

**New Principal Place of Business:**

12325 COUNTY ROAD 672 EAST  
BALM, FL 33503

**Current Mailing Address:**

PO BOX 246  
BALM, FL 33503

**New Mailing Address:**

**FEI Number:** 90-0079682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOODSON, JANET  
12325 HWY. 672  
BALM, FL 33503 US

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

GOODSON, JANET  
12325 COUNTY ROAD 672 EAST  
BALM, FL 33503 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: JANET GOODSON

01/15/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: GOODSON, DONN

Address: 12325 HWY. 672

City-St-Zip: BALM, FL 33503

Document #:

Name: GOODSON, JANET

Address: 12325 HWY. 672

City-St-Zip: BALM, FL 33503

**ADDRESS CHANGES ONLY:**

Address: 12325 COUNTY ROAD 672 EAST

City-St-Zip: BALM, FL 33503

Address: 12325 COUNTY ROAD 672 EAST

City-St-Zip: BALM, FL 33503

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: JANET GOODSON

GP

01/15/2009

Electronic Signature of Signing General Partner

Date