

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001299

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** GOODSON FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

12325 COUNTY ROAD 672 EAST  
BALM, FL 33503

**New Principal Place of Business:**

**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 ( )**

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

GOODSON, JANET  
12325 COUNTY ROAD 672 EAST  
BALM, FL 33503 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: GOODSON, DONN  
Address: 12325 COUNTY ROAD 672 EAST  
City-St-Zip: BALM, FL 33503

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: GOODSON, JANET  
Address: 12325 COUNTY ROAD 672 EAST  
City-St-Zip: BALM, FL 33503

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: JANET GOODSON

PRES

04/05/2010

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

\_\_\_\_\_  
Date