

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001299

**FILED**  
**Apr 04, 2012**  
**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:**

GOODSON, MICHAEL W  
14644 JOE SUMNER RD  
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: MICHAEL W GOODSON

04/04/2012

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: MICHAEL W GOODSON

PRES

04/04/2012

Electronic Signature of Signing General Partner

Date