2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001308

DEL VALLE, EMILIO

FORT MYERS, FL 33912

6150 DIAMOMD CENTER CT, STE 1201,BLDG 1200

Name:

Address:

City-St-Zip:

Entity Name: EEDV FAMILY LIMITED PARTNERSHIP, LTD.

FILED Jul 23, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|---|---|
| 6150 DIAMOMD CENTER CT, STE 1201,BLDG 1200 FORT MYERS, FL 33912 | |
| Current Mailing Address: | New Mailing Address: |
| 6150 DIAMOMD CENTER CT, STE 1201,BLDG 1200 FORT MYERS, FL 33912 | |
| FEI Number: 52-2385594 FEI Number Applied For() FEI Nu In accordance with s. 607.193(2)(b), F.S., the limited partnership did not r Name and Address of Current Registered Agent: | mber Not Applicable() Certificate of Status Desired() eceive the prior notice. Name and Address of New Registered Agent: |
| DEL VALLE, EMILIO 6150 DIAMOMD CENTER CT, STE 1201,BLDG 1200 FORT MYERS, FL 33912 US | |
| The above named entity submits this statement for the purpose on the State of Florida. | of changing its registered office or registered agent, or both |
| SIGNATURE: | |
| Electronic Signature of Registered Agent | Date |
| GENERAL PARTNER INFORMATION: | ADDRESS CHANGES ONLY: |
| Document # | |

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: EMILIO DEL VALLE GP 07/23/2009