

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001333

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

18 RIVERVIEW ROAD  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

18 RIVERVIEW ROAD  
HOBE SOUND, FL 33455

**New Mailing Address:**

C/O HUNTINGTON BANK  
3801 PGA BLVD., SUITE 900  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 06-1654862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

L.N.M. MANAGEMENT, INC.  
18 RIVERVIEW ROAD  
HOBE SOUND, FL 33455 US

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

L.N.M. MANAGEMENT, INC.  
C/O HUNTINGTON BANK  
3801 PGA BLVD., SUITE 900  
PALM BEACH GARDENS, FL 33410 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:

04/03/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P02000086793  
Name: L.N.M. MANAGEMENT, INC.  
Address: 3801 PGA BLVD STE 900  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDRESS CHANGES ONLY:**

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: KATHY S. HOFFMAN

SVP

04/03/2009

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

\_\_\_\_\_  
Date