

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000037

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** PHOEBE VONP. KROME FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

15101 S.W. 200 STREET  
MIAMI, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 596  
HOMESTEAD, FL 33090

**New Mailing Address:**

**FEI Number:** 06-1665281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KROME, MEDORA  
29420 S.W. 205 AVENUE  
HOMESTEAD, FL 33030 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: KROME, MEDORA

Address: 29420 S.W. 205 AVENUE

City-St-Zip: HOMESTEAD, FL 33030

**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: MEDORA KROME

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

04/24/2009

\_\_\_\_\_ Date