

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000714

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** QUASNICK FAMILY PARTNERSHIP, LLLP

**Current Principal Place of Business:**

1300 W. BEAVER ST.  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1300 W. BEAVER ST.  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

QUASNICK, SHIRLEY E  
1300 W. BEAVER ST.  
JACKSONVILLE, FL 32209      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: QUASNICK, SHIRLEY E  
Address: 1300 W. BEAVER ST.  
City-St-Zip: JACKSONVILLE, FL 32209

**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: SHIRLEY QUASNICK

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

04/14/2009

\_\_\_\_\_  
Date