

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000737

FILED
Feb 11, 2009
Secretary of State

Entity Name: ALFA FAMILY LIMITED PARTNERSHIP, LLLP

Current Principal Place of Business:

364 GOLFVIEW RD.
505
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

364 GOLFVIEW RD.
505
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 36-4530137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, BRUCE
11467 RIVERWOOD PLACE, 12 OAKS
NORTH PALM BEACH, FL 33408 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: COSTAKOS, DAVID P CO-TRUS

Address: 364 GOLFVIEW RD. #505

City-St-Zip: NORTH PALM BEACH, FL 33408

Document #:

Name: CRAWFORD, BRUCE CO-TRUS

Address: 11467 RIVERWOOD PLACE, 12 OAKS

City-St-Zip: NORTH PALM BEACH, FL 33408

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

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: BRUCE CRAWFORD

GP

02/11/2009

Electronic Signature of Signing General Partner

Date