

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000737

**FILED**  
**Mar 01, 2010**  
**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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: CRAWFORD, BRUCE CO-TRUS  
Address: 11467 RIVERWOOD PLACE, 12 OAKS  
City-St-Zip: NORTH PALM BEACH, FL 33408

Address:  
City-St-Zip:

I hereby 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: DAVID COSTAKOS

GP

03/01/2010

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

\_\_\_\_\_  
Date