

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000001162

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** KULANGARA FAMILY LIMITED PARTNERSHIP I

**Current Principal Place of Business:**

915 HICKORY FORK DRIVE  
SEFFNER, FL 33584 US

**New Principal Place of Business:**

**Current Mailing Address:**

915 HICKORY FORK DRIVE  
SEFFNER, FL 33584 US

**New Mailing Address:**

**FEI Number:** 20-0143968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KULANGARA, JAMES M  
915 HICKORY FORK DRIVE  
SEFFNER, FL 33584 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: JAMES, JULIA M

Address: 915 HICKORY FORK DR

City-St-Zip: SEFFNER, FL 33584 US

Document #:

Name: KULANGARA, JAMES M

Address: 915 HICKORY FORK DRIVE

City-St-Zip: SEFFNER, FL 33584 US

Document #:

Name: JAMES, JENEY S

Address: 915 HICKORY FOR DR

City-St-Zip: SEFFNER, FL 33584 US

Document #:

Name: JAMES, JEMIE M

Address: 915 HICKORY FOR DR

City-St-Zip: SEFFNER, FL 33584 US

Document #:

Name: JAMES, JONATHAN M

Address: 915 HICKORY FOR DR

City-St-Zip: SEFFNER, FL 33584 US

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

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: JAMES KULANGARA

GP

04/30/2009

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

\_\_\_\_\_  
Date