

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000051

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** STROPHIC LIMITED PARTNERSHIP

**Current Principal Place of Business:**

8515 S.W. 23RD PLACE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

8515 S.W. 23RD PLACE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 55-0855836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HABIB FILHO, TUFFY N  
8515 S.W. 23RD PLACE  
GAINESVILLE, FL 32607 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: HABIB FILHO, TUFFY N TRUSTEE

Address: 8515 S.W. 23RD PLACE

City-St-Zip: GAINESVILLE, FL 32607

**ADDRESS CHANGES ONLY:**

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: TUFFY HABIB FILHO

MR

02/16/2012

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

\_\_\_\_\_  
Date