

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000374

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** STEWART INSURANCE HOLDINGS, LLLP

**Current Principal Place of Business:**

2656 SABAL SPRINGS DR., #1  
CLEARWATER, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

2656 SABAL SPRINGS DR., #1  
CLEARWATER, FL 33704

**New Mailing Address:**

**FEI Number:** 43-2035328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART, GREGORY E ATTY  
760 24TH AVE N  
ST. PETERSBURG, FL 33704 US

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

STEWART, GREGORY E  
760 24TH AVE N  
ST. PETERSBURG, FL 33704 US

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:** GREGORY STEWART

02/01/2011

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

**Document #:**

**Name:** STEWART, GREGORY EDWARD

**Address:** 2656 SABAL SPRINGS DR., #1

**City-St-Zip:** CLEARWATER, FL 33704

**ADDRESS CHANGES ONLY:**

**Address:** 760 24TH AVE N

**City-St-Zip:** ST. PETERSBURG, FL 33704

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:** GREGORY STEWART

MR

02/01/2011

Electronic Signature of Signing General Partner

Date