

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000886

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** TIMM FAMILY PARTNERS, L.L.P.

**Current Principal Place of Business:**

C/O BRUCE B. TIMM  
7219 OX BOW CIRCLE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BRUCE B. TIMM  
7219 OX BOW CIRCLE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 20-1191316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIMM, BRUCE B  
7219 OX BOW CIRCLE  
TALLAHASSEE, FL 32312 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:** TIMM, BRUCE B  
**Address:** 7219 OX BOW CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 32312

**ADDRESS CHANGES ONLY:**

**Address:**  
**City-St-Zip:**

**Document #:**

**Name:** TIMM, JAN BETH  
**Address:** 1331 SILVER MOON DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32309

**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:** BRUCE TIMM

MGP

01/14/2011

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

\_\_\_\_\_  
Date