

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000984

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** JD WIESE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1860 WINGFIELD DRIVE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 520745  
LONGWOOD, FL 32752 US

**New Mailing Address:**

FEI Number: 51-0512084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

WIESE, JON D  
1860 WINGFIELD DRIVE  
LONGWOOD, FL 32779 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: WIESE, JON D  
Address: 1860 WINGFIELD DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Address:  
City-St-Zip:

Document #:

Name: WIESE, CHARNA E  
Address: 1860 WINGFIELD DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

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: JON D WIESE

G

05/01/2010

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

\_\_\_\_\_  
Date