

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000029

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

**Entity Name:** WETZEL FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

27554 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33761

**New Principal Place of Business:**

27554 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33761 US

**Current Mailing Address:**

27554 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33761

**New Mailing Address:**

27554 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33761 US

**FEI Number:** 20-1417845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WETZEL, BETTY  
27554 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33761 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: WETZEL, BETTY

Address: 27554 U.S. HIGHWAY 19 NORTH

City-St-Zip: CLEARWATER, FL 33761

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip: CLEARWATER, FL 33761 US

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: BETTY WETZEL

GP

03/14/2011

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

\_\_\_\_\_  
Date