## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A05000000248

Name:

Address:

City-St-Zip:

ALADE, JOSEPHINE O 4901 SW 193 LANE

SOUTH WEST RANCHES, FL 333321230 BR

Entity Name: ALADE FAMILY LIMITED PARTNERSHIP

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4901 SW 1 SOUTH WI		ES, FL 333321230 BR			
Current Mailing Address:			New Mailing Address:		
4901 SW 1 SOUTH WI		ES, FL 333321230 BR			
FEI Number:	13-3928455	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	OBERT E 20TH STREE FL 33029				
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONL	ADDRESS CHANGES ONLY:	
Document #: Name: Address: City-St-Zip: Document #:			Address: City-St-Zip:		

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MOSES O ALADE GP 02/23/2009