

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000863

Entity Name: OLIVER-BOOTS FLP LIMITED

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

5438 COLDSPRING LN  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

POB 7362  
NORTH PORT, FL 34287

**New Mailing Address:**

FEI Number: 26-0088926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEMEK, TED J  
5438 COLDSPRING LN  
NORTH PORT, FL 34287 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: LEMEK, THEODORE  
Address: POB 7362  
City-St-Zip: NORTH PORT, FL F34287  
Document #:

Name: LEMEK, KATHLEEN  
Address: POB 7362  
City-St-Zip: NORTH PORT, FL 34287

**ADDRESS CHANGES ONLY:**

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: LEMEKTHEODORE

GP

04/23/2009

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

\_\_\_\_\_  
Date