

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000001018

FILED
Apr 29, 2009
Secretary of State

Entity Name: AUGUSTIN FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

612 S. STATE ROAD 7
MARGATE, FL 33068

New Principal Place of Business:

100 N. STATE ROAD 7
204
MARGATE, FL 33063

Current Mailing Address:

P.O. BOX 93-5125
MARGATE, FL 33093

New Mailing Address:

FEI Number: 20-2897542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUGUSTIN, DUCARMEL
612 S. STATE ROAD 7
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

AUGUSTIN, DUCARMEL
100 N. STATE ROAD 7
204
MARGATE, FL 33063 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

04/29/2009

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: AUGUSTIN, DUCARMEL

Address: P.O BOX 93-5125

City-St-Zip: MARGATE, FL 33093

Document #:

Name: AUGUSTIN, MONIQUE T

Address: P.O. BOX 93-5125

City-St-Zip: MARGATE, FL 33093

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: DUCARMEL AUGUSTIN

GP

04/29/2009

Electronic Signature of Signing General Partner

Date