

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001018

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** AUGUSTIN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

100 N. STATE ROAD 7  
204  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 93-5125  
204  
MARGATE, FL 33093

**New Mailing Address:**

100 N. STATE ROAD 7  
204  
MARGATE, FL 33063

**FEI Number:** 20-2897542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUGUSTIN, DUCARMEL  
100 N. STATE ROAD 7  
204  
MARGATE, FL 33063 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: AUGUSTIN, DUCARMEL  
Address: P.O BOX 93-5125  
City-St-Zip: MARGATE, FL 33093

**ADDRESS CHANGES ONLY:**

Address: 100 N STATE ROAD 7 STE 204  
City-St-Zip: MARGATE, FL 33063

Document #:

Name: AUGUSTIN, MONIQUE T  
Address: P.O. BOX 93-5125  
City-St-Zip: MARGATE, FL 33093

Address: 100 N STATE ROAD 7 STE 204  
City-St-Zip: MARGATE, FL 33063

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: DUCARMEL AUGUSTIN

PRES

03/13/2012

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

\_\_\_\_\_  
Date