## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A05000001228

Address:

City-St-Zip:

940 S OCEAN BLVD

MANALAPAN BEACH, FL 33462

Entity Name: SILPE FAMILY LIMITED PARTNERSHIP

FILED Apr 14, 2009 Secretary of State

| Current Principal Place of Business:                                     |  |                                | New Principal Place of Business:          |                                       |
|--|--|--------------------------------|---|---------------------------------------|
|  | H OCEAN BO<br>AN BEACH, F                                  |                                |   |                                       |
| Current Mailing Address:   |  |                                | New Mailing Address:                      |                                       |
|  | H OCEAN BO<br>AN BEACH, F                                  |                                |   |                                       |
| FEI Number:  | 65-0698362   | 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: |                                       |
|  | NALD<br>H OCEAN BO<br>AN BEACH, F                          |                                |   |                                       |
| The above in the State   | named entity<br>of Florida.                                | 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 ONLY:                     |                                       |
| Document #:<br>Name:<br>Address:<br>City-St-Zip:<br>Document #:<br>Name: | SILPE, DOANL<br>940 S OCEAN<br>MANALAPAN E<br>SILPE, LINDA |                                | Address:<br>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: DONALD SILPE GP 04/14/2009