

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001351

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** CT FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

175 FIRST STREET SOUTH  
SUITE 3402  
SAINT PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

175 FIRST STREET SOUTH  
SUITE 3402  
SAINT PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 20-3333755      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PIPER, MARK A  
175 FIRST STREET SOUTH  
SUITE 3402  
SAINT PETERSBURG, FL 33701 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 #: P05000095837  
Name: MEDEQP MANAGEMENT COMPANY  
Address: 175 FIRST STREET SOUTH, SUITE 3402  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: MARK A. PIPER

MEDE

03/19/2012

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

\_\_\_\_\_  
Date