

2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000001759

FILED
Apr 29, 2010
Secretary of State

Entity Name: CHARMIRA FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

P. O. BOX 1628
HIGHLAND CITY, FL 33846

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1628
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 20-3475436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNSHINE STRATEGIES LLC
8706 MAPLE LAKE PLACE
TAMPA, FL 33635 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: SANTOS, CHARLENE A
Address: P. O. BOX 1628
City-St-Zip: HIGHLAND CITY, FL 33846

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Document #:

Name: SANTOS, MICHELLE A
Address: P. O. BOX 1628
City-St-Zip: HIGHLAND CITY, FL 33846

Address:
City-St-Zip:

Document #:

Name: SANTOS, RACHELLE A
Address: P. O. BOX 1628
City-St-Zip: HIGHLAND CITY, FL 33846

Address:
City-St-Zip:

Document #:

Name: SANTOS, RESURRECCION A
Address: P. O. BOX 1628
City-St-Zip: HIGHLAND CITY, FL 33846

Address:
City-St-Zip:

Document #:

Name: SANTOS, MEDARDO Q
Address: P. O. BOX 1628
City-St-Zip: HIGHLAND CITY, FL 33846

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: MEDARDO SANTOS

MR

04/29/2010

Electronic Signature of Signing General Partner

Date