

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000001761

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** L & M BAEZ FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

11742 SUNRISE VIEW LANE  
WELLINGTON, FL 33449 US

**New Principal Place of Business:**

**Current Mailing Address:**

11742 SUNRISE VIEW LANE  
WELLINGTON, FL 33449 US

**New Mailing Address:**

FEI Number: 20-4234904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAEZ, LYSETTE E  
11742 SUNRISE VIEW LANE  
WELLINGTON, FL 33449 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: BAEZ, MARIO M M.D.

Address: 11742 SUNRISE VIEW LANE

City-St-Zip: WELLINGTON, FL 33449 US

**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: MARIO M. BAEZ, M.D.

GP

04/13/2011

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

\_\_\_\_\_  
Date