

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000191

**Entity Name:** LONGFELLOW APARTMENTS, LLLP

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

2799 BOCA RATON BLVD., SUITE 116  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

6219 COSTA LAKE POINT  
FLOWERY BRANCH, GA 30542

**New Mailing Address:**

**FEI Number:** 20-8195089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KINCHEN, ELIZABETH J  
2622 NW 49TH ST.  
BOCA RATON, FL 33434 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: KINCHEN, GILBERT H  
Address: 6219 COSTA LAKE POINT  
City-St-Zip: FLOWERY BRANCH, GA 30542

Document #:

Name: ROSEN, HARVEY S  
Address: 3 HAVERHILL LANE  
City-St-Zip: BEACHWOOD, OH 44122

Document #:

Name: DROBNICK, NANCY  
Address: 8159 KNIGHTSBRIDGE LANE  
City-St-Zip: MENTOR, OH 44060

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
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:** GILBERT H. KINCHEN

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

01/15/2009

\_\_\_\_\_  
Date