

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000242

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Entity Name:** THE GUZZARDO FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2150 SE SALERNO ROAD, STE. 202  
STUART, FL 34997

**New Principal Place of Business:**

2150 SE SALERNO ROAD, STE. 202  
SUITE 202  
STUART, FL 34997

**Current Mailing Address:**

2150 SE SALERNO ROAD, STE. 202  
STUART, FL 34997

**New Mailing Address:**

2150 SE SALERNO ROAD, STE. 202  
SUITE 202  
STUART, FL 34997

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GUZZARDO, GARY J  
2150 SE SALERNO ROAD, STE. 202  
STUART, FL 34997 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: GUZZARDO, GARY J TRUSTEE  
Address: 2150 SE SALERNO ROAD, STE. 202  
City-St-Zip: STUART, FL 34997

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: GUZZARDO, LYNN M TRUSTEE  
Address: 2150 SE SALERNO ROAD, STE. 202  
City-St-Zip: STUART, FL 34997

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: GARY GUZZARDO

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

04/16/2011

\_\_\_\_\_  
Date