## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A0600000327

2708 WEST MARLIN STREET

TAMPA, FL 33611

Address:

City-St-Zip:

Entity Name: THE LOCKEY FAMILY LIMITED PARTNERSHIP

FILED Feb 27, 2009 Secretary of State

| Current Principal Place of Business:          |                     |                                 | New Principal Place of Business:          |                                       |
|---|---------------------|---------------------------------|---|---------------------------------------|
| 2708 WEST<br>TAMPA, FL                        | MARLIN STF<br>33611 | REET                            |   |                                       |
| Current Mailing Address:                      |                     |                                 | New Mailing Address:                      |                                       |
| 2708 WEST<br>TAMPA, FL                        | MARLIN STF<br>33611 | REET                            |   |                                       |
| FEI Number: 2                                 | 20-4389260          | FEI Number Applied For()        | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent: |                     |                                 | Name and Address of New Registered Agent: |                                       |
| MYERS, ST<br>13623 N FL<br>TAMPA, FL          | ORIDA AVE           |                                 |   |                                       |
| The above r                                   |                     | ubmits this statement for the p | ourpose of changing its registered        | d office or registered agent, or both |
| SIGNATUR                                      | E:                  |                                 |   |                                       |
|   | Electroni           | c Signature of Registered Age   | ent                                       | Date                                  |
| GENERAL PARTNER INFORMATION:                  |                     |                                 | ADDRESS CHANGES ONL                       | Υ:                                    |
| Document #:<br>Name:                          | LOCKEY, RICHA       | ARD F                           |   |                                       |

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: RICHARD F LOCKEY MEMB 02/27/2009