

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 LIMITED  
PARTNERSHIP  
Annual Report



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # The Robert Boozer  
1. Name of Limited Partnership  
Family limited Partnership  
A06000000497

2. Principal Office Address - No P.O. Box #  
13939 Mandarin Oaks Ln.  
Jacksonville, FL 32223

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville

Zip  
32223

Country  
DUAL

Zip  
32223

Country  
DUAL

4. Date Formed or Registered  
To Do Business in Florida

March 2006

5. FEI Number

A06000000497

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Robert Boozer

Street Address (P.O. Box Number is Not Acceptable)  
13939 Mandarin Oaks Ln

Suite, Apt. #, Etc.

City  
Jacksonville

State

FL

Zip Code

32223

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited  
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof the entity's  
certificate of authority was revoked on our records, except in  
circumstances which the entity did not receive the prior notices.  
By checking this box, you are certifying the prior notices were not  
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620,  
Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Robert G. Boozer  
(REGISTERED AGENT) MUST SIGN

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration  
Document Number

Robert G. Boozer

13939 MANDARIN  
OAKS LANE

Jacksonville FL  
32223

300151811333  
04/21/09--01013--002 \*\*500.00

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of  
Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated  
on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or  
trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Robert G. Boozer

DATE

4-17-09

Typed or Printed Name of General Partner Signing Form

Robert Boozer

Telephone Number

904-262-1975