

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000001344

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** M&M FAMILY INSURANCE, LTD.

**Current Principal Place of Business:**

12260 S.W. 8TH STREET,  
SUITE 228  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

12260 S.W. 8TH STREET,  
SUITE 228  
MIAMI, FL 33184

**New Mailing Address:**

**FEI Number:** 87-0788230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERDIE, AINSLEE R ESQ  
717 PONCE DE LEON BOULEVARD STE 223  
CORAL GABLES, FL 33134 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: HUNSBERGER, MARK D  
Address: 12260 S.W. 8TH STREET, STE 228  
City-St-Zip: MIAMI, FL 33184

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: HUNSBERGER, LETY  
Address: 12260 S.W. 8TH STREET, STE 228  
City-St-Zip: MIAMI, FL 33184

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:** MARK D HUNSBERGER

MR.

01/04/2010

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

\_\_\_\_\_  
Date