

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000001358

**FILED**  
**Jan 10, 2009**  
**Secretary of State**

**Entity Name:** KLAASMEYER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3991 GULF SHORE BLVD. N #1004  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

3991 GULF SHORE BLVD. N #1004  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 20-8141736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLAASMEYER, LINDA L  
3991 GULF SHORE BLVD. N #1004  
NAPLES, FL 34103 US

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

KLAASMEYER, LINDA L MRS.  
3991 GULF SHORE BLVD. N #1004  
NAPLES, FL 34103 US

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: LINDA L KLAASMEYER

01/10/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KLAASMEYER, LINDA L

Address: 3991 GULF SHORE BLVD. N #1004

City-St-Zip: NAPLES, FL 34103

**ADDRESS CHANGES ONLY:**

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: LINDA KLAASMEYER

MRS.

01/10/2009

Electronic Signature of Signing General Partner

Date