2011 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 23, 2011

DOCUMENT # A07000000315

1. Entity Name
SARA SPENCER FAMILY PARTNERSHIP, LLLP

FILED
11 SEP -9 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
640 EAST CALL STREET TALLAHASSEE, FL 32301	640 EAST CALL STREET TALLAHASSEE, FL 32301

09092011 Chg-LP CR2E003 (11/08j)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-8439495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPENCER, PHILLIP A 640 E. CALL ST. TALLAHASSEE, FL 32301	Name EDDIE SPENCER Street Address (P.O. Box Number is Not Acceptable) 640 E. CALL ST. City TALLAHASSEE, FL Zip Code 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eddie Spencer 9-9-11
Typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! FEE IS $900.00
On or after September 23, 2011, Fee will be $1000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L07000015696	STREET ADDRESS	
NAME	SPENCER FAMILY ENTERPRISES, LLC	CITY-ST-ZIP	
STREET ADDRESS	640 EAST CALL STREET		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800021926558 09/09/11--01002--015 **900.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Eddie Spencer 9-9-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #