

2011 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 23, 2011

DOCUMENT # A07000000315 1. Entity Name SARA SPENCER FAMILY PARTNERSHIP, LLLP	
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FILED

11 SEP -9 AM 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 640 EAST CALL STREET TALLAHASSEE, FL 32301	Mailing Address 640 EAST CALL STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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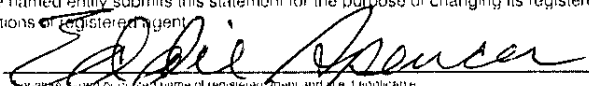
09092011 Chg-LP CR2E003 (11/08j)

City & State Zip Country	City & State Zip Country
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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 SPENCER, PHILLIP A 640 E. CALL ST. TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name EDDIE SPENCER Street Address (P.O. Box Number is Not Acceptable) 640 E. CALL ST. City TALLAHASSEE, FL Zip Code 32301	
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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  DATE 9-9-11	
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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	
STREET ADDRESS			
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NAME		CITY ST ZIP	
STREET ADDRESS			
CITY ST ZIP			

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 	DATE 9-9-11
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Signature File #

STAPLE CHECK HERE

JB