

2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A07000000446

FILED
Sep 09, 2008
Secretary of State

Entity Name: TECHMAN FAMILY PARTNERS, LLLP

Current Principal Place of Business:

7521 COUNTY ROAD 48
YALAH, FL 34797

New Principal Place of Business:

Current Mailing Address:

PO BOX 101
YALAH, FL 34797

New Mailing Address:

FEI Number: 20-8639475 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TECHMAN, THOMAS M
7521 COUNTY ROAD 48
YALAH, FL 34797 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:

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: TECHMAN, THOMAS M
Address: PO BOX 101 CR 48
City-St-Zip: YALAH, FL 34797

Address:
City-St-Zip:

Document #:

Name: TECHMAN, DIANNE M
Address: PO BOX 101 CR 48
City-St-Zip: YALAH, FL 34797

Address:
City-St-Zip:

Document #:

Name: TECHMAN, JAY M
Address: 12 PALM DRIVE
City-St-Zip: YALAH, FL 34797

Address:
City-St-Zip:

Document #:

Name: TECHMAN, JENNIFER M
Address: 1063 SHADOW RIDGE DRIVE
City-St-Zip: ATLANTA, GA 30316

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: THOMAS M TECHMAN

GP

09/09/2008

Electronic Signature of Signing General Partner

Date