

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000570

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** J&J ROBERTS FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4139 CAUSEWAY VISTA DRIVE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

4139 CAUSEWAY VISTA DRIVE  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 26-0815189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, JOHN M  
4139 CAUSEWAY VISTA DRIVE  
TAMA, FL 33615 US

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

ROBERTS, JOHN M  
4139 CAUSEWAY VISTA DRIVE  
TAMPA, FL 33615 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:

04/30/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: ROBERTS, JOHN M  
Address: 4139 CAUSEWAY VISTA DRIVE  
City-St-Zip: TAMPA, FL 33615

Document #:

Name: ROBERTS, JOANNA L  
Address: 4139 CAUSEWAY VISTA DRIVE  
City-St-Zip: TAMPA, FL 33615

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: JOHN ROBERTS

04/30/2009

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

\_\_\_\_\_  
Date