

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000721

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** WILLIAM G. ADAMS FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

2518 PARTRIDGE DRIVE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

2518 PARTRIDGE DRIVE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 26-0335895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, WILLIAM G  
2518 PARTRIDGE DRIVE  
WINTER HAVEN, FL 33884 US

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

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:**

Document #:

Name: ADAMS, ALAN  
Address: 13 PINE RUN  
City-St-Zip: HAINES CITY, FL 33844

Document #:

Name: ADAMS, WILLIAM G  
Address: 2518 PARTRIDGE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Document #:

Name: IMBER, WANDA  
Address: 3825 GAINES COURT  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: WILLIAM G. ADAMS

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

01/21/2009

\_\_\_\_\_  
Date