

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000721

**FILED**  
**Apr 16, 2012**  
**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:**

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

04/16/2012

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

I hereby 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 ADAMS

04/16/2012

Electronic Signature of Signing General Partner

Date