

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000984

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

**Entity Name:** THE HYLER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2059 SALT MYRTLE LANE  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

1560 KINGSLEY AVENUE  
SUITE 4  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2059 SALT MYRTLE LANE  
ORANGE PARK, FL 32003

**New Mailing Address:**

P. O. BOX 9479  
FLEMING ISLAND, FL 32006

**FEI Number:** 26-0754278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRENNAN, MANNA & DIAMOND, P.L.  
76 SOUTH LAURA STREET, SUITE 2110  
JACKSONVILLE, FL 32202 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: HYLER, DAVID S II  
Address: 2059 SALT MYRTLE LANE  
City-St-Zip: ORANGE PARK, FL 32003  
Document #:

Name: HYLER, SHELLY A  
Address: 2059 SALT MYRTLE LANE  
City-St-Zip: ORANGE PARK, FL 32003

**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: DAVID S HYLER II

GP

01/21/2009

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

\_\_\_\_\_  
Date