## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A07000001176

FILED Mar 19, 2009 Secretary of State

Entity Name: THOMAS B. DANIELS, JR. FAMILY LIMITED PARTNERSHIP

| Current Principal Place of Business:             |  |                               | New Principal Place of Business:          |                                      |
|--|--|-------------------------------|---|--------------------------------------|
| 2764 SUNS<br>SUITE 300                           | SET POINT RO                                   | AD                            | ·   |                                      |
| Current Mailing Address:                         |  |                               | New Mailing Address:                      |                                      |
| SUITE 300  | SET POINT RO                                   |                               |   |                                      |
| FEI Number:                                      | 88-0372280                                     | FEI Number Applied For ( )    | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent:    |  |                               | Name and Address of New Registered Agent: |                                      |
| 2764 SUNS<br>SUITE 300                           | THOMAS B JR.<br>SET POINT RO<br>TER, FL 33759  | AD                            |   |                                      |
| The above in the State                           |  | ubmits this statement for the | purpose of changing its registered        | office or registered agent, or both, |
| SIGNATUR   | RE:  |                               |   |                                      |
| Electronic Signature of Registered Agen          |  |                               | ent                                       | Date                                 |
| GENERAL PARTNER INFORMATION:                     |  |                               | ADDRESS CHANGES ONL                       | <i>t</i> :                           |
| Document #:<br>Name:<br>Address:<br>City-St-Zip: | DANIELS, THOM<br>2764 SUNSET PO<br>CLEARWATER, | OINT ROAD, SUITE 300          | Address:<br>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 B DANIELS JR G.P. 03/19/2009