

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000034

**FILED**  
**Jun 26, 2009**  
**Secretary of State**

**Entity Name:** AJF FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1520 GULF BLVD.  
PH 1  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

1520 GULF BLVD.  
PH 1  
CLEARWATER, FL 33767

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

FICARA, ANTHONY J  
1520 GULF BLVD.  
PH 1  
CLEARWATER, FL 33767 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:  
Name: FICARA, ANTHONY J  
Address: 1520 GULF BLVD., PH 1  
City-St-Zip: CLEARWATER, FL 33767

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: ANTHONY J. FICARA

GP

06/26/2009

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

\_\_\_\_\_  
Date