

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A080000000034

**FILED**  
**Jan 06, 2012**  
**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:**

P. O. BOX 854  
PALM HARBOR, FL 34682 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

**ADDRESS CHANGES ONLY:**

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: ANTHONY J. FICARA

MGR

01/06/2012

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

\_\_\_\_\_  
Date