

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000471

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** RFS FAMILY HOLDINGS, LLLP

**Current Principal Place of Business:**

139 GRAHAM ST SE  
PT CHARLOTTE, FL 33952

**New Principal Place of Business:**

139 GRAHAM ST SE  
PT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

139 GRAHAM ST SE  
PT CHARLOTTE, FL 33952

**New Mailing Address:**

139 GRAHAM ST SE  
PT CHARLOTTE, FL 33952 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THOMAS O. WELLS, P.A.  
540 BILEMORE WAY  
CORAL GABLES, FL 33134 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 #: L08000041956  
Name: RFS GENERAL PARTNER, LLC  
Address: 139 GRAHAM ST SE  
City-St-Zip: PT CHARLOTTE, FL 33952

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: PT CHARLOTTE, FL 33952 US

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: RAY SMITH

MEM

04/29/2009

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

\_\_\_\_\_  
Date