

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000676

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** MJD FAMILY LIMITED PARTNERSHIP LLLP

**Current Principal Place of Business:**

1624 SW SAINT ANDREWS DRIVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

1624 SW SAINT ANDREWS DRIVE  
PALM CITY, FL 34990

**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:**

GROSS, SHARI  
1624 SW SAINT ANDREWS DR  
PALM CITY, FL 34990    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 #: P08000063262  
Name: JOMADE, INC.  
Address: 1624 SW SAINT ANDREWS DRIVE  
City-St-Zip: PALM CITY, FL 34990

**ADDRESS CHANGES ONLY:**

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: SHARI GROSS

MGR

04/14/2009

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

\_\_\_\_\_  
Date