2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A08000001020

City-St-Zip: TREASURE ISLAND, FL 33706

FILED Apr 15, 2009 Secretary of State

Entity Name: LYNN A. LOEFGREN FAMILY LIMITED PARTNERSHIP

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|--|----------------------------------|-----------------------------------|---|--|
| | AVENUE, #50 E ISLAND, FL | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | AVENUE, #50 E ISLAND, FL | | | | |
| FEI Number: | 26-3826807 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 6152 DEĽA | IEFFREY M NCEY STATIC V, FL 33578 | N STREET, #205 US | | | |
| The above in the State | | ubmits this statement for the pu | urpose of changing its registered | office or registered agent, or both | |
| SIGNATUR | RE: | | | | |
| | Electroni | c Signature of Registered Age | nt | Date | |
| GENERAL PARTNER INFORMATION: | | | ADDRESS CHANGES ONLY | / : | |
| Document #: Name: Address: | L08000111683 LYNN A. LOEFG 220 108TH AVE | REN FAMILY MANAGEMENT, LLC | 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: LYNN A. LOEFGREN 04/15/2009