

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000091

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** NOLEN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1738 ALTAMONT LANE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

1738 ALTAMONT LANE  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 26-4241747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOLEN, CINDY L  
1738 ALTAMONT LANE  
ODESSA, FL 33556 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 #: L09000009222  
Name: NOLEN FAMILY MANAGEMENT, LLC  
Address: 1738 ALTAMONT LANE  
City-St-Zip: ODESSA, FL 33556

**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: CINDY NOLEN

PRES

04/19/2011

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

\_\_\_\_\_  
Date