

A090000000649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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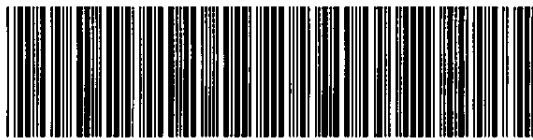
(Business Entity Name)

(Document Number)

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Malave, Erin

From: Guadalupe V. Ustariz [gustariz@coxnici.com]
Sent: Thursday, April 01, 2010 1:17 PM
To: CorpAddressChange
Cc: Cynthia Carlson
Subject: Koestner Family Limited Partnership (Document # A09000000649)

Dir Sir/Madam:

Please note that there is a misspelling on the name of the above-referenced entity (LIMTIED instead of LIMITED). Please correct the name.

The correct name should be: Koestner Family Limited Partnership

If you have any questions please do not hesitate to contact our office. Thanks.

Best Regards,

Guadalupe V. Ustariz

Guadalupe Ustariz
Office Assistant
Cox & Nici
1185 Immokalee Road, Suite 110
Naples, Florida 34110
239.254.0706 (phone)
239.254.0709 (fax)

gustariz@coxnici.com
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2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A09000000649

FILED
Mar 31, 2010
Secretary of State

Entity Name: KOESTNER FAMILY LIMTIED PARTNERSHIP

Current Principal Place of Business:

New Principal Place of Business:

1185 IMMOKALEE ROAD
NAPLES, FL 34110

Current Mailing Address:

New Mailing Address:

1185 IMMOKALEE ROAD
NAPLES, FL 34110

FEI Number: 27-0954400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARLSON, CYNTHIA ESQ
1185 IMMOKALEE ROAD
NAPLES, FL 34110 US

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:

ADDRESS CHANGES ONLY:

Document #:

Name: KFAM, LIMITED LIABILITY COMPANY

Address: 1185 IMMOKALEE ROAD

City-St-Zip: NAPLES, FL 34110

Address: 286 ARBOUR DRIVE WEST

City-St-Zip: KALISPELL, MT 59901

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: RUDOLF L. KOESTNER

GP

03/31/2010

Electronic Signature of Signing General Partner

Date

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR KOESTNER FAMILY LIMITED PARTNERSHIP**

The undersigned, being desirous of forming a limited partnership under the laws of the State of Florida, does hereby certify as follows:

1. The name of the limited partnership is KOESTNER FAMILY LIMITED PARTNERSHIP (the "Partnership").

2. The mailing address for the principal office of the Partnership in the State of Florida is c/o Cox & Nici, 1185 Immokalee Road, Naples, Florida, 34110, or at such other location in the State of Florida as the General Partner may determine from time to time.

3. The name and the business address of the General Partner of the Partnership is KFAM, Limited Liability Company, a Montana Limited Liability Company (the "General Partner"), with a business address at 134 Garden Drive, Kalispell, MT 59901.

IN WITNESS WHEREOF, the undersigned has duly executed this certificate of Limited Partnership as of the 28 day of Aug, 2009.

KFAM, Limited Liability Company

By: 

RUBOLF L. KOESTNER, JR., Its Manager

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 10 AM 11:30

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the limited partnership is KOESTNER FAMILY LIMITED PARTNERSHIP
2. The name and address of the registered agent and office is:

Cynthia Carlson, Esq.
c/o Cox & Nici
1185 Immokalee Road, Suite 110
Naples, Florida 34110

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, as provided for in the Florida Statutes.

Dated: 8/28, 2009

By: Cynthia Carlson

Cynthia Carlson, Esq.
Initial Registered Agent