2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0900000649

Entity Name: KOESTNER FAMILY LIMITED PARTNERSHIP

FILED Apr 11, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|---------------------------------|---|---|--|
| 1185 IMMOKALEE ROAD NAPLES, FL 34110 | | | 1185 IMMOKALEE RO. SUITE 110 NAPLES, FL 34110 | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 134 GARDE KALISPELL | EN DRIVE ., MT 59901 | | | | |
| 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 | Name and Address of New Registered Agent: | |
| 515 E. PAR | /ICES, INC. IK AVE. SEE, FL 32301 | ı US | | | |
| The above in the State | | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both | |
| SIGNATUR | :E: | | | | |
| | Electronic | Signature of Registered Age | ent | Date | |
| GENERAL | PARTNER INF | FORMATION: | ADDRESS CHANGES | ONLY: | |
| Document #: Name: | KFAM, LIMITED I | LIABILITY COMPANY | | | |

134 GARDEN DRIVE Address: Address: City-St-Zip: KALISPELL, MT 59901 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: RUDY KOESTNER G.P. 04/11/2012