

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A09000000703

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** ALBRECHT FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

391 NW SHEFFIELD CIR  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

36 HARBOUR ISLE DR. WEST  
#305  
FT. PIERCE, FL 34949

**Current Mailing Address:**

391 NW SHEFFIELD CIR  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

36 HARBOUR ISLE DR. WEST  
FT. PIERCE, FL 34949

FEI Number: 27-1068204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBRECHT, KEVIN D  
391 NW SHEFFIELD CIR  
PORT ST. LUCIE, FL 34983 US

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

ALBRECHT, KEVIN D  
36 HARBOUR ISLE DR. WEST  
FT. PIERCE, FL 34949 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

04/29/2011

Date

**GENERAL PARTNER INFORMATION:**

Document #: P09000079763  
Name: AFLPGP, INC.  
Address: 391 NW SHEFFIELD CIR  
City-St-Zip: PORT ST. LUCIE, FL 34983

**ADDRESS CHANGES ONLY:**

Address: 36 HARBOUR ISLE DR. WEST  
City-St-Zip: FT. PIERCE, FL 34949

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: KEVIN D. ALBRECHT

GP

04/29/2011

Electronic Signature of Signing General Partner

Date