2010 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 17, 2010
Secretary of State

DOCUMENT# A09000000770

Entity Name: HANNON INSURANCE AGENCY, LLLP

Current Principal Place of Business:

221 REID AVE.
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 790
PORT ST. JOE, FL 32457

New Mailing Address:

FEI Number: 59-2123964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JASPER L
221 REID AVE.
PORT ST. JOE, FL 32456 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 #:
Name: SMITH, JASPER L
Address: 905 MONUMENT AVE.
City-St-Zip: PORT ST. JOE, FL 32456

Document #:
Name: SMITH, FRANN H
Address: 905 MONUMENT AVE.
City-St-Zip: PORT ST. JOE, FL 32456

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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: JASPER L SMITH PART 03/17/2010

Electronic Signature of Signing General Partner Date