

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000770

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

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

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

01/07/2011

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

\_\_\_\_\_  
Date