

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000834

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** PEPERZAK FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

5023 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

5023 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**New Mailing Address:**

**FEI Number:** 27-1628433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 #: L09000114716  
Name: PEPERZAK GP, LLC  
Address: 5023 FISHER ISLAND DR.  
City-St-Zip: FISHER ISLAND, FL 33109

**ADDRESS CHANGES ONLY:**

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: MARCUS B PEPERZAK

MANA

02/15/2011

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

\_\_\_\_\_  
Date