

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000046

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** F.S. LAMOTHE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

6404 GRAND CYPRESS CIRCLE  
LAKE WORTH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

6404 GRAND CYPRESS CIRCLE  
LAKE WORTH, FL 33414

**New Mailing Address:**

**FEI Number:** 65-1158117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRESLEY, MICHAEL R ESQ  
1200 CORPORATE CENTER WAY, STE. 200  
WELLINGTON, FL 33414 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: LAMOTHE, FRANCES M.D.

Address: 6404 GRAND CYPRESS CIRCLE

City-St-Zip: LAKE WORTH, FL 33414

**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: FLAMOTHE

GP

04/21/2012

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

\_\_\_\_\_  
Date