

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000259

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** KEYSER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2017 SHORELAND DRIVE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

2017 SHORELAND DR  
AUBURNDALE, FL 33823

**Current Mailing Address:**

2017 SHORELAND DRIVE  
AUBURNDALE, FL 33823

**New Mailing Address:**

2017 SHORELAND DR  
AUBURNDALE, FL 33823

**FEI Number:** 27-2522147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LASMAN, JEFFREY M  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33578 US

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

LASMAN, JEFFREY M  
1560 WEST CLEVELAND ST  
TAMPA, FL 33606 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:

04/20/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L10000045349  
Name: KEYSER FAMILY MANAGEMENT, LLC  
Address: 2017 SHORELAND DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

**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: KEYSER FAMILY MANAGEMENT LLC

GP

04/20/2011

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

\_\_\_\_\_  
Date