2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A1000000259

Entity Name: KEYSER FAMILY LIMITED PARTNERSHIP

FILED Apr 26, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|-------------------------------|--------------------------------|------------------------------------|---|--|
| | RELAND DR ALE, FL 33823 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | RELAND DR ALE, 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: | | | Name and Address o | Name and Address of New Registered Agent: | |
| LASMAN, J 1560 WEST TAMPA, FL | Γ CLEVELAND | ST | | | |
| The above in the State | | bmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both | |
| SIGNATUR | RE: | | | | |
| | Electronic | Signature of Registered Age | ent | Date | |
| GENERAL | PARTNER INF | FORMATION: | ADDRESS CHANGES | ONLY: | |
| Document #: Name: | L10000045349 KEYSER FAMILY | MANAGEMENT, LLC | | | |

2017 SHORELAND DRIVE Address: Address: City-St-Zip: AUBURNDALE, FL 33823 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

GΡ

04/26/2012