

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000279

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

**Entity Name:** DONSANDAD LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1170 TREE SWALLOW DRIVE #328  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1170 TREE SWALLOW DRIVE #328  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, DON  
1170 TREE SWALLOW DRIVE #328  
WINTER SPRINGS, FL 32708 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: WILLIAMS, DON

Address: 1170 TREE SWALLOW DRIVE #328

City-St-Zip: WINTER SPRINGS, FL 32708

**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: DON WILLIAMS

PART

02/15/2011

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

\_\_\_\_\_  
Date