

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A10000000831

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** THE FLOYD MARTIN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1016 CHARLES STREET  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

961 S. BELFAST PLACE  
CHULUOTA, FL 32766

**Current Mailing Address:**

1016 CHARLES STREET  
PORT ORANGE, FL 32129

**New Mailing Address:**

961 S. BELFAST PLACE  
CHULUOTA, FL 32766

**FEI Number:** 45-0632629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, FLOYD M  
1016 CHARLES STREET  
PORT ORANGE, FL 32129 US

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

MARTIN, FLOYD M  
961 S. BELFAST PLACE  
CHULUOTA, FL 32766 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2011

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MARTIN, FLOYD M  
Address: 1016 CHARLES STREET  
City-St-Zip: PORT ORANGE, FL 32129

**ADDRESS CHANGES ONLY:**

Address: 961 S. BELFAST PLACE  
City-St-Zip: CHULUOTA, FL 32766

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: FLOYD M. MARTIN

GP

04/29/2011

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

\_\_\_\_\_  
Date