

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000005

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** INCHQUIN FAMILY LIMITED PARTNERSHIP LLLP

**Current Principal Place of Business:**

393 NORTH POINT ROAD, #701  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

393 NORTH POINT ROAD, #701  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 06-1487699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROSS STREET CORPORATE SERVICES, LLC  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236 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:** SIMOLARI, FAITH  
**Address:** 393 NORTH POINT ROAD, #701  
**City-St-Zip:** OSPREY, FL 34229

**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:** FAITH SIMOLARI

GP

02/01/2011

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

\_\_\_\_\_  
Date