

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000005

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** INCHIQIN 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:**

GEIMER, LARRY  
1990 MAIN STREET  
801  
SARASOTA, FL 34236 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: LARRY GEIMER

02/07/2012

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

02/07/2012

Electronic Signature of Signing General Partner

Date