

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A11000000730

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** MAUREEN B. KISTHARDT FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

315 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

315 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 45-3570224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KISTHARDT, MAUREEN B  
315 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 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: KISTHARDT, MAUREEN B

Address: 315 N. CAUSEWAY

City-St-Zip: NEW SMYRNA BEACH, FL 32169

**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: MAUREEN B. KISTHARDT

GP

02/24/2012

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

\_\_\_\_\_  
Date