

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A18620

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

**Entity Name:** THE WINCHESTER FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

P. O. DRAWER 1220  
BOYNTON BEACH, FL 33425

**New Principal Place of Business:**

2899 BANYAN BLVD CIRCLE NW  
BOCA RATON, FL 33431

**Current Mailing Address:**

P. O. DRAWER 1220  
BOYNTON BEACH, FL 33425

**New Mailing Address:**

**FEI Number:** 59-2477781      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WINCHESTER, BILL R.  
9290 NICKELS BOULEVARD  
BOYNTON BEACH, FL 33436      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: WINCHESTER, BILL R.  
Address: 9290 NICKOLS BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33436

Document #:

Name: FINFROCK, M. FRANK  
Address: 2899 BANYAN BLVD CIRCLE NW  
City-St-Zip: BOCA RATON, FL 33431

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: M FRANK FINFROCK

GP

01/14/2009

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

\_\_\_\_\_  
Date