

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A24160

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** NILES FEDERAL LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1621 CLOWER CREEK DRIVE  
TR-172  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

1621 CLOWER CREEK DRIVE  
APT. TR-172  
SARASOTA, FL 34231 US

**Current Mailing Address:**

1621 CLOWER CREEK DRIVE  
TR-172  
SARASOTA, FL 34231 US

**New Mailing Address:**

1621 CLOWER CREEK DRIVE  
APT. TR-172  
SARASOTA, FL 34231 US

**FEI Number:** 59-2779504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NILES, JOHN  
1621 CLOWER CREEK DRIVE  
TR-172  
SARASOTA, FL 34231 US

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

NILES, JOHN  
1621 CLOWER CREEK DRIVE  
APT. TR-172  
SARASOTA, FL 34231 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:

02/18/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: JOHN NILES, TRUSTEE

Address: 1621 CLOWER CREEK DRIVE, TR-172

City-St-Zip: SARASOTA, FL 34231 US

**ADDRESS CHANGES ONLY:**

Address: 1621 CLOWER CREEK DRIVE, APT. TR-172

City-St-Zip: SARASOTA, FL 34231 US

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: JOHN NILES

02/18/2009

Electronic Signature of Signing General Partner

Date