

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A25692

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** POST OFFICE ASSOCIATES, L.L.L.P.

**Current Principal Place of Business:**

200 S. WASHINGTON BLVD., SUITE 8  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

200 S. WASHINGTON BLVD., SUITE 8  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-0023883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVIERI, N.J.  
200 S. WASHINGTON BLVD., SUITE 8  
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 #: A05000002303  
Name: THE OLIVIERI FAMILY PARTNERSHIP, LTD.  
Address: 200 S. WASHINGTON BLVD., SUITE 8  
City-St-Zip: SARASOTA, FL 34236

Document #: A96000002481  
Name: BAND FAMILY PARTNERSHIP, LTD  
Address: 240 S. PINEAPPLE AVENUE, 10TH FLOOR  
City-St-Zip: SARASOTA, FL 34236

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: NJ OLIVIERI

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

03/08/2011

\_\_\_\_\_  
Date