

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A29661

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** BOX RANCH OF MARTIN COUNTY, LTD.

**Current Principal Place of Business:**

%CLIFFORD F. BURG  
7929 SW JACK JAMES DRIVE  
STUART, FL 34997

**New Principal Place of Business:**

C/O CLIFFORD F. BURG  
7929 SW JACK JAMES DRIVE  
STUART, FL 34997

**Current Mailing Address:**

%CLIFFORD F. BURG  
7929 SW JACK JAMES DRIVE  
STUART, FL 34997

**New Mailing Address:**

C/O CLIFFORD F. BURG  
7929 SW JACK JAMES DRIVE  
STUART, FL 34997

**FEI Number:** 59-3013835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURG, CLIFFORD F  
7929 SW JACK JAMES DRIVE  
STUART, FL 34997 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 #: L08102  
Name: BOX RANCH OF MARTIN COUNTY, INC.  
Address: 7929 SW JACK JAMES DRIVE  
City-St-Zip: STUART, FL 34997

**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: CLIFFORD F. BURG

CEO

01/14/2011

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

\_\_\_\_\_  
Date