

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A31192

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** C-CHILDRESS-HARROD #1, LTD.

**Current Principal Place of Business:**

5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 56-1723450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARROD, GARY W.  
5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609 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: CHILDRESS, J. DONALD  
Address: 999 PEACHTREE STREET NE  
City-St-Zip: ATLANTA, GA 30309

Document #:

Name: HARROD, GARY W.  
Address: 5550 W EXECUTIVE DRIVE SUITE 550  
City-St-Zip: TAMPA, FL 33609

**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: GARY W HARROD

G

04/22/2009

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

\_\_\_\_\_  
Date