

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A32719

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

**Entity Name:** REGAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

220 TIDE AVE.  
TAVERNIER, FL 33070

**New Principal Place of Business:**

183 KAHIKI DRIVE  
TAVERNIER, FL 33070

**Current Mailing Address:**

220 TIDE AVE.  
TAVERNIER, FL 33070

**New Mailing Address:**

183 KAHIKI DRIVE  
TAVERNIER, FL 33070

**FEI Number:** 65-0374584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CJSR L.L.C.  
183 KAHIKI DRIVE  
TAVERNIER, FL 33070 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: CJSR L.L.C.

Address: 183 KAHIKI DRIVE PO BOX 865

City-St-Zip: TAVERNIER, FL 33070

**ADDRESS CHANGES ONLY:**

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: CATHERINE A. ROTH, MANAGING MEMBER

MM

02/22/2009

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

\_\_\_\_\_  
Date