

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A93000000902

Entity Name: ELIHOREPH, LTD.

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

427 COUNTY LINE ROAD E  
BOWLING GREEN, FL 33834

**New Principal Place of Business:**

**Current Mailing Address:**

427 COUNTY LINE ROAD E  
BOWLING GREEN, FL 33834

**New Mailing Address:**

P. O. BOX 668  
BOWLING GREEN, FL 33834

FEI Number: 65-0434426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARKER, JAMES D  
427 COUNTY LINE ROAD EAST  
BOWLING GREEN, FL 33834 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: PARKER, JAMES D  
Address: 427 COUNTY LINE ROAD E  
City-St-Zip: BOWLING GREEN, FL 33834

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: PARKER, CARROLL S  
Address: 427 COUNTY LINE ROAD E  
City-St-Zip: BOWLING GREEN, FL 33834

Address: 427 COUNTY LINE ROAD  
City-St-Zip: BOWLING GREEN, FL 33834

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: JAMES D. PARKER

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

03/23/2011

\_\_\_\_\_  
Date