## 2012 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A93000000919

Entity Name: CARON FAMILY LIMITED PARTNERSHIP

FILED Apr 30, 2012 Secretary of State

| Current Principal Place of Business:  |                            |                              | New Principal Place o         | New Principal Place of Business:          |  |
|---|----------------------------|------------------------------|-------------------------------|---|--|
| 54 S KIRKIV<br>ORLANDO,   | IAN RD. STE. E<br>FL 32811 | Ē                            |                               |   |  |
| Current Mailing Address:  |                            |                              | New Mailing Address:          |   |  |
| 54 S KIRKIV<br>ORLANDO,   | IAN RD. STE. E<br>FL 32811 | Ē                            |                               |   |  |
| FEI Number: 6   | 65-0433505                 | FEI Number Applied For ( )   | FEI Number Not Applicable ( ) | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent:   |                            |                              | Name and Address of           | Name and Address of New Registered Agent: |  |
| DOUMAR, CURTIS, CROSS, LAYSTROM & PERLOFF<br>C/O JEFFREY S. WACHS, ESQ.<br>1177 S.E. 3RD AVE.<br>FT. LAUDERDALE, FL 333161197 US                      |                            |                              |                               |   |  |
| 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 Agen | t                             | Date                                      |  |
| GENERAL PARTNER INFORMATION:  |                            |                              | ADDRESS CHANGES               | ONLY:                                     |  |
| Document #:<br>Name:  | CARON, RAYMON              | ND F MD                      |                               |   |  |

5852 MEDINAH WAY

Address: Address: City-St-Zip: ORLANDO, FL 32819 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: RAYMOND F CARON **PRES** 04/30/2012