

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000830

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** THE COLE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5490 PALMER BLVD  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

1104 FONTAINE ROAD  
LEXINGTON, KY 40502

**New Mailing Address:**

**FEI Number:** 65-0506983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDLOCK, SHIRLEY ANN  
5940 PALMER BLVD.  
SARASOTA, FL 34232 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 #: P98000055457  
Name: CFP CORP.  
Address: 5490 PALMER BLVD  
City-St-Zip: SARASOTA, FL 34232

**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: CHARLES D. COLE, PRES, CFP, CORP, GP, CFLP

GP

01/04/2010

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

\_\_\_\_\_  
Date