

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001016

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** THE TRUNNELL FAMILY LIMITED PARTNERSHIP, L.L.L.P.

**Current Principal Place of Business:**

609 WARREN ROAD  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

609 WARREN ROAD  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 59-3258632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S ESQ.  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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: TRUNNELL, THOMAS N M.D.

Address: 609 WARREN ROAD

City-St-Zip: LUTZ, FL 34549

Document #:

Name: TRUNNELL, PATRICIA R

Address: 609 WARREN ROAD

City-St-Zip: LUTZ, FL 34549

**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: PATRICIA R TRUNNELL

GP

04/29/2009

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

\_\_\_\_\_  
Date