

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001090

**Entity Name:** CHRISTENSEN FAMILY, LTD.

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

333 THORPE RD  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

333 THORPE RD  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 59-3266886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTENSEN, FREDERICK L  
333 THORPE RD.  
ORLANDO, FL 32824 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: CHRISTENSEN, FREDERICK L  
Address: 8719 KENMURE COVE  
City-St-Zip: ORLANDO, FL 32836

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: CHRISTENSEN, PAUL E  
Address: 9117 BAY POINT DR.  
City-St-Zip: ORLANDO, FL 32819

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: FREDERICK L CHRISTENSEN

GP

02/16/2010

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

\_\_\_\_\_  
Date