

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001107

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MOLLY T. NORMAN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

257 S.E. AVENUE E  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 167  
LAKE HARBOR, FL 33459

**New Mailing Address:**

**FEI Number:** 65-0509777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANN, JAMES M  
257 S.E. AVENUE E  
BELLE GLADE, FL 33430 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: NORMAN, MOLLY T  
Address: 21 E. CORKSCREW BLVD.  
City-St-Zip: LAKE HARBOR, FL 33459

**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: MOLLY T. NORMAN

OWNE

04/29/2010

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

\_\_\_\_\_  
Date