## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A94000001390

RAMAPPA, GOGI M 12136 COBBLESTONE DRIVE

HUDSON, FL 346672432

Name:

Address:

City-St-Zip:

Entity Name: RAMAPPA FAMILY LIMITED PARTNERSHIP

FILED Apr 29, 2009 Secretary of State

| Current Principal Place of Business:  |                                  | New Principal Place of Business:   |                                      |
|---|----------------------------------|------------------------------------|--------------------------------------|
| 12136 COBBLESTONE<br>HUDSON, FL 34667243  |                                  |                                    |                                      |
| Current Mailing Address:  |                                  | New Mailing Address:               |                                      |
| 12136 COBBLESTONE<br>HUDSON, FL 34667243  |                                  |                                    |                                      |
| FEI Number: 59-3275045  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |                                  |                                    | f New Registered Agent:              |
| G.M.RAMAPPA MD PA<br>12136 COBBLE STONE<br>HUDSON, FL 34667                             |                                  |                                    |                                      |
| The above named entity in the State of Florida.   | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or bot |
| SIGNATURE:  |                                  |                                    |                                      |
| Electro   | nic Signature of Registered Age  | ent                                | Date                                 |
| GENERAL PARTNER INFORI  | MATION:                          | ADDRESS CHANGES ONL                | Y:                                   |
| Document #  |                                  |                                    |                                      |

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

SIGNATURE: G.M. RAMAPPA, M.D. GP 04/29/2009

trustee empowered to execute this report as required by Chapter 620, Florida Statutes.