


SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 23 PM 12:30

DOCUMENT #A95000000049

1. Entity Name  
THE BOYETT FAMILY LIMITED PARTNERSHIP



08 JUN 23 PM 12:30

Principal Place of Business  
129 MCKENZIE ROAD  
JACKSON, TN 38308

Mailing Address  
P.O. BOX 10185  
JACKSON, TN 38308

2. Principal Place of Business - No P.O. Box #  
141 SYDNEY LANE  
Suite, Apt. #, etc.

3. Mailing Address  
141 SYDNEY LANE  
Suite, Apt. #, etc.

City & State  
CEDAR GROVE, TN

City & State  
CEDAR GROVE, TN

Zip  
38321

Country

Zip  
38321

Country

4. FEI Number  
59-3298813

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
BAILEY, DAVID E ESQ  
400 NORTH PACE BLVD  
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00

200130699582  
06/04/08--01002--007 \*\*\$500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

BOYETT, ANN W  
7830 PINE FOREST RD., APT. C-13  
PENSACOLA, FL 32526

SEE ATTACHED  
FROM 2006

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

JENNIFER FOWLER  
141 SYDNEY LANE  
CEDAR GROVE, TN 38321

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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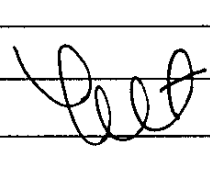
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

FF \$500.00



14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Jennifer L. Fowler 4/25/08 (615) 804-4371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #