## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A95000000116

WEIR, ROBERT J

1817 NORTH IVAR #201

HOLLYWOOD, CA 90028

Name:

Address:

City-St-Zip:

Entity Name: WEIR FAMILY LTD.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:			ness:	New Principal Place of Business:		
3060 N.E. 4	EW. SHOEMA 42ND STREET IDERDALE, FL	•	US			
Current Mailing Address:				New Mailing Address	New Mailing Address:	
3060 N.E. 4	E W. SHOEMA 42ND STREE1 IDERDALE, FL	•	US			
FEI Number:	59-3290058	FEI Num	nber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			egistered Agent:	Name and Address o	Name and Address of New Registered Agent:	
OL AGOED						
C/O GREE 100 WEST FORT LAU	GENE K NSPOON MAI CYPRESS CF IDERDALE, FL	REEK RD . 33309	ÚS	numers of shanging its registers	d office or registered agent, or better	
C/O GREE 100 WEST FORT LAU	NSPOON MAI CYPRESS CF IDERDALE, FL named entity s	REEK RD . 33309	ÚS	purpose of changing its registered	d office or registered agent, or both	
C/O GREE 100 WEST FORT LAU The above	NSPOON MAI CYPRESS CF IDERDALE, FL named entity s of Florida.	REEK RD . 33309	ÚS	purpose of changing its registered	d office or registered agent, or both	
C/O GREE 100 WEST FORT LAU The above in the State	NSPOON MAI CYPRESS CF IDERDALE, FL named entity s of Florida.	REEK RD 33309 submits th	ÚS		d office or registered agent, or both Date	
C/O GREE 100 WEST FORT LAU The above in the State SIGNATUR	NSPOON MAI CYPRESS CF IDERDALE, FL named entity s of Florida.	REEK RD . 33309 submits th	ÚS nis statement for the		Date	

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.

Address:

City-St-Zip:

SIGNATURE: DIANE W. SHOEMAKER GP 04/13/2009