

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A95000001849

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** ARBUTINE ASSOCIATES LIMITED

**Current Principal Place of Business:**

1350 WEST BAY DR  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

784 CORTEZ AVE.  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

FEI Number: 59-3351118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARBUTINE, PATRICIA L  
784 CORTEZ AVE  
BELLEAIR BLUFFS, FL 33770 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: ARBUTINE, MILLER B TRUSTEE

Address: 784 CORTEZ AVE

City-St-Zip: BELLEAIR BLUFFS, FL 33770

Document #:

Name: ARBUTINE, PATRICIA L TRUSTEE

Address: 784 CORTEZ AVE

City-St-Zip: BELLEAIR BLUFFS, FL 33770

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

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

SIGNATURE: PATRICIA ARBUTINE

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

02/02/2009

\_\_\_\_\_  
Date