

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000001849

**Entity Name:** ARBUTINE ASSOCIATES LIMITED

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: ARBUTINE, PATRICIA L TRUSTEE  
Address: 784 CORTEZ AVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: PATRICIA ARBUTINE

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

03/31/2011

\_\_\_\_\_  
Date