

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000001987

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** THE PLASKOVE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

9023 TROPICAL BEND CIRCLE  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

908 N. LOXAHATCHEE DR.  
JUPITER, FL 33458

**New Mailing Address:**

9023 TROPICAL BEND CIRCLE  
JACKSONVILLE, FL 32256

**FEI Number:** 65-0629298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY, CRAIG I ESQUIRE  
908 N. LOXAHATCHEE DR.  
JUPITER, FL 33458 US

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

KELLEY, BARBARA L  
9023 TROPICAL BEND CIR  
JACKSONVILLE, FL 32256 US

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: BARBARA KELLEY

01/16/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P97000066492  
Name: ANDOVER MANAGEMENT COMPANY, INC.  
Address: 9023 TROPICAL BEND CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDRESS CHANGES ONLY:**

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: BARBARA KELLEY

PRES

01/16/2009

Electronic Signature of Signing General Partner

Date