## 2012 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A96000001743

Entity Name: KAHLUA FAMILY PARTNERSHIP, LTD.

FILED Jan 10, 2012 Secretary of State

| Current Principal Place of Business:          |                                       |                                | New Principal Place of Business:  |   |  |
|---|---------------------------------------|--------------------------------|-----------------------------------|---|--|
|   | :NICIAN WAY<br>AVEN, FL 3388          | 34                             |                                   |   |  |
| Current Mailing Address:                      |                                       |                                | New Mailing Address:              |   |  |
|   | :NICIAN WAY<br>AVEN, FL 3388          | 34                             |                                   |   |  |
| FEI Number:                                   | 65-0792940                            | FEI Number Applied For ( )     | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |                                       |                                | Name and Address o                | Name and Address of New Registered Agent: |  |
| 1900 GLAD<br>SUITE 401                        | 7. RODGERS<br>ES ROAD<br>ON, FL 33431 | US                             |                                   |   |  |
| The above in the State                        |                                       | bmits this statement for the p | urpose of changing its registered | d office or registered agent, or both     |  |
| SIGNATUR                                      | E:                                    |                                |                                   |   |  |
|   | Electronic                            | Signature of Registered Age    | nt                                | Date                                      |  |
|   |                                       |                                |                                   |   |  |
| GENERAL PARTNER INFORMATION:                  |                                       |                                | ADDRESS CHANGES                   | ONLY:                                     |  |
| Document #:<br>Name:                          | HASKINS, DORA                         | MARTINEZ                       |                                   |   |  |

Address: 4056 PHOENICIAN WAY Address: City-St-Zip: WINTER HAVEN, FL 33884 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: HASKINS DORA MARTINEZ

GΡ

01/10/2012