

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001935

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** KRISTEN L. BARTCH FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2317 WEST GRIFFIN ROAD  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

2317 WEST GRIFFIN ROAD  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-3398263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DALE BARTCH  
2317 GRIFFIN RD  
LEESBURG, FL 34748 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: BARTCH, DALE E  
Address: 11226 LANE PARK ROAD  
City-St-Zip: TAVARES, FL 34748

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: BARTCH, CHERYL E  
Address: 11226 LANE PARK ROAD  
City-St-Zip: TAVARES, FL 34748

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: DALE E. BARTCH

GP

01/27/2010

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

\_\_\_\_\_  
Date