

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000002324

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MAXWELL FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

17338 COOLEY ROAD  
UMATILLA, FL 32784

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 299  
UMATILLA, FL 32784

**New Mailing Address:**

**FEI Number:** 59-3414469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRAHAM, BARBARA M  
17338 COOLEY ROAD  
UMATILLA, FL 32784 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: GRAHAM, BARBARA M

Address: 17338 COOLEY ROAD

City-St-Zip: UMATILLA, FL 32784

**ADDRESS CHANGES ONLY:**

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: BARBARA M GRAHAM

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

01/06/2010

\_\_\_\_\_  
Date