

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000002324

**FILED**  
**May 04, 2011**  
**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 ( )**

**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 TRUSTEE  
Address: PO BOX 299  
City-St-Zip: UMATILLA, FL 32784

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: BUFFENBARGER, LEA A TRUSTEE  
Address: 61 ARDLUSSA STREET  
City-St-Zip: UMATILLA, FL 32784

Address:  
City-St-Zip:

Document #:

Name: BUFFENBARGER, LEA A  
Address: 61 ARDLUSSA STREET  
City-St-Zip: UMATILLA, FL 32784

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

PRES

05/04/2011

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

\_\_\_\_\_  
Date