## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A96000002435

6805 GREENFERN LN.

JACKSONVILLE, FL 32277

Address:

City-St-Zip:

Entity Name: SARA SMITH FAMILY PARTNERSHIP, LTD.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NFERN LANE (ILLE, FL 3227	7			
Current Mailing Address:			New Mailing Address:		
PO BOX 8177 FLEMING ISLAND, FL 32006			3853 MUIRFIELD BLVD. EAST JACKSONVILLE, FL 32225		
FEI Number:	59-3415781	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
GRAMM, JOANN LEIGH 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 322233630 US					
The above r		bmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both	
SIGNATUR	E:				
	Electronic	Signature of Registered Age	ent	Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONL	ADDRESS CHANGES ONLY:	
Document #: Name:	P96000101689 SMITH PARTNER	S, INC.			

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: SARA L. SMITH DIR 04/23/2009