

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000002435

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SARA SMITH FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

6805 GREENFERN LANE  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

3853 MUIRFIELD BLVD. EAST  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 59-3415781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAMM, JOANN LEIGH  
12276 SAN JOSE BLVD., SUITE 126  
JACKSONVILLE, FL 32233630 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 #: P96000101689  
Name: SMITH PARTNERS, INC.  
Address: 6805 GREENFERN LN.  
City-St-Zip: JACKSONVILLE, FL 32277

**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: CHARLES L. SMITH

GP

04/26/2011

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

\_\_\_\_\_  
Date