2012 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# A97000000441

Entity Name: CHARLES AND KIMBERLY BAILES FAMILY PARTNERSHIP, LLLP

Current Principal Place of Business:

8989 SOUTH ORANGE AVE.
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 593688
ORLANDO, FL 328593688

New Mailing Address:

FEI Number: 59-3482316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILES, CHARLES E III
8989 SOUTH ORANGE AVE.
ORLANDO, FL 32824 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: BAILES, CHARLES E III
Address: 8989 SOUTH ORANGE AVE.
City-St-Zip: ORLANDO, FL 32824

Document #:
Name: BAILES, KIMBERLY
Address: 8989 SOUTH ORANGE AVE.
City-St-Zip: ORLANDO, FL 32824

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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 E. BAILES III MR. 01/05/2012

Electronic Signature of Signing General Partner — Date