

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001030

FILED
Feb 13, 2009
Secretary of State

Entity Name: DODSON FAMILY PARTNERSHIP, LLLP

Current Principal Place of Business:

9541 CYPRESS LAKE DRIVE, SUITE A
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9541 CYPRESS LAKE DRIVE, SUITE A
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0774230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODSON, CHARLES W
9541 CYPRESS LAKE DRIVE, SUITE A
FORT MYERS, FL 33919 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: DODSON, CHARLES W TRUSTEE

Address: 1202 TWIN PALMS DRIVE

City-St-Zip: FORT MYERS, FL 33919

Document #:

Name: DODSON, ANN F TRUSTEE

Address: 1202 TWIN PALMS DRIVE

City-St-Zip: FORT MYERS, FL 33919

Document #:

Name: DODSON, CHARLES W TRUSTEE

Address: 1202 TWIN PALMS DRIVE

City-St-Zip: FORT MYERS, FL 33919

Document #:

Name: DODSON, ANN F TRUSTEE

Address: 1202 TWIN PALMS DRIVE

City-St-Zip: FORT MYERS, FL 33919

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

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: CHARLES W DODSON

PTR

02/13/2009

Electronic Signature of Signing General Partner

Date