

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001959

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** ARNOLD FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3073 SOUTH HORSESHOE DRIVE  
SUITE 118  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3073 SOUTH HORSESHOE DRIVE  
SUITE 118  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3471509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNOLD, DONALD L  
3073 SOUTH HORSESHOE DRIVE  
SUITE 118  
NAPLES, FL 34104 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: ARNOLD, JOHN L

Address: 3073 SOUTH HORSESHOE DRIVE, SUITE 118

City-St-Zip: NAPLES, FL 34104

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Document #:

Name: ARNOLD, DONALD L

Address: 3073 SOUTH HORSESHOE DRIVE, SUITE 118

City-St-Zip: NAPLES, FL 34104

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: DONALD L ARNOLD

GP

03/30/2012

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

\_\_\_\_\_  
Date