

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000002149

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** DUKE FAMILY RANCH LIMITED PARTNERSHIP

**Current Principal Place of Business:**

ATTN; MRS. JOANNE H. DUKE  
11050 OLD TAMPA ROAD  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN; MRS. JOANNE H. DUKE  
11050 OLD TAMPA ROAD  
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number:** 65-0786567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORGES, GREGORY J  
C/O /PORGES/HAMLIN/KNOWLES  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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: DUKE, JOANNE H  
Address: 11050 OLD TAMPA RD.  
City-St-Zip: PARRISH, FL 34219

Document #:

Name: DUKE, JOSEPH E JR.  
Address: 4807 1ST AVENUE DRIVE NW  
City-St-Zip: BRADENTON, FL 34209

Document #:

Name: CHESTON, LAURA GRACE  
Address: 105 LUDGATE COURT  
City-St-Zip: CARY, NC 27519

Document #:

Name: DUKE, SUSAN DIANE  
Address: 4703 KIN ROSS COURT  
City-St-Zip: VALRICO, FL 33594

Document #:

Name: MORRISON, DONNA ELIZABET  
Address: 4407 WATROUS AVENUE  
City-St-Zip: TAMPA, FL 33629

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: JOANNE H.DUKE

GP

01/12/2009

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

\_\_\_\_\_  
Date