

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002168

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** PEEBLES FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

P.O. BOX 38  
WILDWOOD, FL 34785

**New Principal Place of Business:**

7046 COUNTY ROAD 139  
WILDWOOD, FL 34785

**Current Mailing Address:**

P.O. BOX 38  
WILDWOOD, FL 34785

**New Mailing Address:**

**FEI Number:** 59-3471888      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PEEBLES, J. WILLARD  
322 SHOPPING CENTER DRIVE  
WILDWOOD, FL 34785      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: PEEBLES, J. WILLARD TRUSTEE  
Address: 1004 CLEVELAND AVE  
City-St-Zip: WILDWOOD, FL 34785

**ADDRESS CHANGES ONLY:**

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: J.WILLARD PEEBLES

TRUS

04/28/2009

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

\_\_\_\_\_  
Date