## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A97000002522

OLSON, JAMES D TRUSTEE 7703 WEEPING WILLOW CIRCLE

SARASOTA, FL 34241

Name:

Address:

City-St-Zip:

Entity Name: THE JAMES D. OLSON FAMILY PARTNERSHIP, LTD.

FILED Apr 22, 2009 Secretary of State

| Current Principal Place of Business:                        |                                  | New Principal Place of Business:          |                                       |
|---|----------------------------------|---|---------------------------------------|
| 7703 WEEPING WILLO\<br>SARASOTA, FL 34241                   | W CIRCLE                         |   |                                       |
| Current Mailing Address:                                    |                                  | New Mailing Address:                      |                                       |
| 7703 WEEPING WILLO\<br>SARASOTA, FL 34241                   | N CIRCLE                         |   |                                       |
| FEI Number: 65-0797920                                      | FEI Number Applied For()         | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent:               |                                  | Name and Address of New Registered Agent: |                                       |
| OLSON, JAMES D<br>7703 WEEPING WILLO\<br>SARASOTA, FL 34241 | W CIRCLE<br>US                   |   |                                       |
| The above named entity in the State of Florida.             | submits this statement for the p | ourpose of changing its registered        | d office or registered agent, or both |
| SIGNATURE:  |                                  |   |                                       |
| Electronic Signature of Registered Ago                      |                                  | ent                                       | Date                                  |
| GENERAL PARTNER INFORMATION:                                |                                  | ADDRESS CHANGES ONL                       | Υ:                                    |
| Document #  |                                  |   |                                       |

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: JAMES D OLSON TTEE 04/22/2009