

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000002556

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** EDWARDS FAMILY ENTERPRISES, LTD.

**Current Principal Place of Business:**

325 E. DEL MONTE AVENUE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 696  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 65-0797746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, EARLE E III  
325 E. DEL MONTE AVENUE  
CLEWISTON, FL 33440 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: EDWARDS, EARLE E III  
Address: 325 E. DEL MONTE AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Document #:

Name: EDWARDS, MARY F  
Address: 325 E. DEL MONTE AVENUE  
City-St-Zip: CLEWISTON, FL 33440

**ADDRESS CHANGES ONLY:**

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: EARLE E EDWARDS, III

DR.

02/13/2009

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

\_\_\_\_\_  
Date