

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000119

**FILED**  
**Jun 18, 2009**  
**Secretary of State**

**Entity Name:** COXWELL-HOLMES FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

870 CIDCO ROAD  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 237025  
COCOA, FL 32923

**New Mailing Address:**

**FEI Number:** 59-3502010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COXWELL, DALE P  
870 CIDCO ROAD  
COCOA, FL 32926 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: COXWELL, DALE P

Address: 870 CIDCO ROAD

City-St-Zip: COCOA, FL 32926

**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: DALE P. COXWELL

D

06/18/2009

Electronic Signature of Signing General Partner

\_\_\_\_\_ Date