

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000195

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

**Entity Name:** THE M.B. SMITH FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

9490 NE 60TH STREET  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 820  
BRONSON, FL 32621

**New Mailing Address:**

9490 NE 60TH STREET  
BRONSON, FL 32621

**FEI Number:** 59-3497845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAFT, SANDRA S  
9490 NE 60TH STREET  
BRONSON, FL 32621 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: KRAFT, SANDRA S  
Address: 9490 NE 60TH STREET  
City-St-Zip: BRONSON, FL 32621

Document #:

Name: SMITH, MACK B JR.  
Address: 20 FARMBROOK DRIVE  
City-St-Zip: CARTERSVILLE, GA 30120

**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: SANDRA S KRAFT

GP

04/13/2009

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

\_\_\_\_\_  
Date