

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000001075

**FILED**  
**Jan 26, 2009**  
**Secretary of State**

**Entity Name:** ALLISON FAMILY LIMITED PARTNERSHIP, LTD.

**Current Principal Place of Business:**

10611 SALTZMAN TERRACE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

2510 CROOKED CREEK PT.  
MIDDLEBURG, FL 32068

**New Mailing Address:**

**FEI Number:** 59-3515244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLBROOK, H. LEON  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202 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: ALLISON, VIRGIL L

Address: 2510 CROOKED CREEK PT.

City-St-Zip: MIDDLEBURG, FL 32068

**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: VIRGIL L. ALLISON

GP

01/26/2009

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

\_\_\_\_\_  
Date