

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000001234

**FILED**  
**Jan 29, 2009**  
**Secretary of State**

**Entity Name:** THE VOSCINAR FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

17343 BENESROUSCH ROAD  
MASARYKTOWN, FL 34604

**New Principal Place of Business:**

17343 BENES ROUSH ROAD  
MASARYKTOWN, FL 34604

**Current Mailing Address:**

17343 BENESROUSCH ROAD  
MASARYKTOWN, FL 34604

**New Mailing Address:**

17343 BENES ROUSH ROAD  
MASARYKTOWN, FL 34604

**FEI Number:** 59-3538808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOSCINAR, STEVE  
17343 BENESROUSCH ROAD  
BROOKSVILLE, FL 34604 US

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

VOSCINAR, STEVE  
17343 BENES ROUSH ROAD  
BROOKSVILLE, FL 34604 US

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

01/29/2009

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: 291980  
Name: VOSCINAR POULTRY FARM, INC.  
Address: 17343 BENESROUSCH ROAD  
City-St-Zip: MASARYKTOWN, FL 34604

**ADDRESS CHANGES ONLY:**

Address: 17343 BENES ROUSH ROAD  
City-St-Zip: MASARYKTOWN, FL 34604

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: STEVE VOSCINAR

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

01/29/2009

\_\_\_\_\_  
Date