2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000002114

FILED Apr 29, 2010 Secretary of State

Entity Name: THE AURELIA MCKINNEY FAMILY LIMITED PARTNERSHIP

Current Mailing Address: New Mailing Address: Name and Address of Current Registered For () FEI Number Not Applicable () Certificate of Status Destage Address of Current Registered Agent: Name and Address of New Registered Agent Name and Address of New Registered Agent		
3080 CR 665 ONA, FL 33865 FEI Number: 65-0869987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Des Name and Address of Current Registered Agent: Name and Address of New Registered Agent SMITH, AURELIA L RA GP 3080 COUNTY ROAD 665 ONA, FL 33865 US The above named entity submits this statement for the purpose of changing its registered office or registered ager in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY: Document #: Name: LORRAINE SMITH, AURELIA		
FEI Number: 65-0869987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Des Name and Address of Current Registered Agent: Name and Address of New Registered Agent SMITH, AURELIA L RA GP 3080 COUNTY ROAD 665 ONA, FL 33865 US The above named entity submits this statement for the purpose of changing its registered office or registered ager in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY: Document #: Name: LORRAINE SMITH, AURELIA		
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in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date GENERAL PARTNER INFORMATION: Document #: Name: LORRAINE SMITH, AURELIA		
Electronic Signature of Registered Agent GENERAL PARTNER INFORMATION: Document #: Name: LORRAINE SMITH, AURELIA	agent, or both,	
GENERAL PARTNER INFORMATION: Document #: Name: LORRAINE SMITH, AURELIA		
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Name: LORRAINE SMITH, AURELIA		
Address: 3080 CR 665 Address: City-St-Zip: ONA, FL 33865 City-St-Zip:		

I hereby 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: AURELIA LORRAINE SMITH

GΡ

04/29/2010