

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000002195

Entity Name: FLORIDA LITHOLOGY, LTD.

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

**Current Principal Place of Business:**

14255 US HIGHWAY 1  
SUITE 231  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

14255 US HIGHWAY 1  
SUITE 231  
JUNO BEACH, FL 33408

**New Mailing Address:**

FEI Number: 65-0867183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORMENT, ANTHONY E  
1905 MAINSAIL CIRCLE  
JUPITER, FL 33477 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 #: P01000121314  
Name: FLORIDA LITHOLOGY NO. 1, INC.  
Address: 14255 U.S. HIGHWAY 1, SUITE 231  
City-St-Zip: JUNO BEACH, FL 33408  
Document #: P01000121319  
Name: FLORIDA LITHOLOGY NO. 2, INC.  
Address: 14255 U.S. HIGHWAY 1, SUITE 231  
City-St-Zip: JUNO BEACH, FL 33408  
Document #: P01000121322  
Name: FLORIDA LITHOLOGY NO. 2, INC.  
Address: 14255 U.S. HIGHWAY 1, SUITE 231  
City-St-Zip: JUNO BEACH, FL 33408  
Document #: P98000079810  
Name: FLORIDA LITHOLOGY MANAGEMENT, INC.  
Address: 14255 U.S. HIGHWAY 1, SUITE 231  
City-St-Zip: JUNO BEACH, FL 33408

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

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: ANTHONY NORMENT

GP

01/13/2009

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

\_\_\_\_\_  
Date