## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A98000002211

Name:

Address:

City-St-Zip:

HARMS, BARBARA

150 WEST DEARBORN ST.

ENGLEWOOD, FL 34223

Entity Name: HARMS FAMILY LIMITED PARTNERSHIP

FILED Aug 05, 2009 Secretary of State

Current Pi	rincipal Place of Business:	New Principal Place of E	Business:
	DEARBORN ST. DOD, FL 34223		
Current M	ailing Address:	New Mailing Address:	
	DEARBORN ST. DOD, FL 34223		
FEI Number: In accordance	65-0869534 FEI Number Applied For ( ce with s. 607.193(2)(b), F.S., the limited partr		Certificate of Status Desired ( )
Name and	Address of Current Registered Ager	nt: Name and Address of N	ew Registered Agent:
	OUGLAS DEARBORN ST. DOD, FL 34223 US		
The above in the State		the purpose of changing its registered of	fice or registered agent, or both
SIGNATUR	RE:		
	Electronic Signature of Registere	d Agent	Date
GENERAL PARTNER INFORMATION:		ADDRESS CHANGES ONLY:	
Document #: Name: Address: City-St-Zip: Document #:	HARMS, DOUGLAS 150 WEST DEARBORN ST. ENGLEWOOD, FL 34223	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: DOUGLAS R. HARMS GP 08/05/2009