

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000001299

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Entity Name:** B.R. MURRAY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

274 GEORGE RD.  
PORT CHARLOTTE, FL

**New Principal Place of Business:**

**Current Mailing Address:**

274 GEORGE RD.  
PORT CHARLOTTE, FL

**New Mailing Address:**

**FEI Number:** 65-0935442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURRAY, SHARON  
274 GEORGE ROAD  
PORT CHARLOTTE, FL 33952 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: MURRAY, BUFORD R  
Address: 274 GEORGE ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33952

Document #:

Name: SALADINO, SHARON A  
Address: 274 GEORGE ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDRESS CHANGES ONLY:**

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: SHARON MURRAY

GP

02/10/2009

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

\_\_\_\_\_  
Date