2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# A99000002032

Entity Name: SMOAK FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

5653 BERRY GROVES ROAD
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

5653 BERRY GROVES ROAD
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 59-3619774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIS, DELL M
5653 BERRY GROVES RD
CLERMONT, FL 34714 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: SMOAK, CLAUDE E JR.
Address: 8810 CRR561
City-St-Zip: CLERMONT, FL 34711
Document #:
Name: ELLIS, DELL M
Address: 5653 BERRY GROVES ROAD
City-St-Zip: CLERMONT, FL 34714

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: DELL M ELLIS 04/28/2009

Electronic Signature of Signing General Partner — Date