

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000002032

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**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

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Document #:

Name: ELLIS, DELL M

Address: 5653 BERRY GROVES ROAD

City-St-Zip: CLERMONT, FL 34714

Address:

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:** DELL M ELLIS

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

04/11/2011

\_\_\_\_\_  
Date