

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000002047

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** THE ELLSWORTH E. AND PATRICIA L. MCINTYRE FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3590 23RD AVE., S.W.  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

3590 23RD AVE., S.W.  
NAPLES, FL 34117

**New Mailing Address:**

**FEI Number:** 59-3612493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, GARY  
PORTER, WRIGHT, MORRIS & ARTHUR  
5801 PELICAN BAY BLVD., STE 300  
NAPLES, FL 34108 US

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

WILSON, GARY  
PORTER, WRIGHT, MORRIS & ARTHUR  
9132 STRADA PL.  
NAPLES, FL 34108 US

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

02/22/2010

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MCINTYRE, ELLSWORTH E  
Address: 3590 23RD AVE., S.W.  
City-St-Zip: NAPLES, FL 34117

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: MCINTYRE, PATRICIA L  
Address: 3590 23RD AVE., S.W.  
City-St-Zip: NAPLES, FL 34117

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: ELLSWORTH MCINTYRE

GP

02/22/2010

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

\_\_\_\_\_  
Date