

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000002267

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** SUNSHINE FOLIAGE ENTERPRISES, LTD.

**Current Principal Place of Business:**

2060 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 328  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

**FEI Number:** 65-0975415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMBERT, EDWARD W  
2721 BAILES ROAD  
ZOLFO SPRINGS, FL 33890 US

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

LAMBERT, EDWARD W  
2060 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890 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:

04/22/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P97000053058  
Name: SUNSHINE FOLIAGE WORLD, INC.  
Address: 2060 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890

**ADDRESS CHANGES ONLY:**

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: EDWARD WAYNE LAMBERT

MGR

04/22/2009

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

\_\_\_\_\_  
Date