

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B02000000056

Entity Name: HALBLEIB FAMILY, LTD.

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

106 E. COLLEGE AVENUE, 12TH FLOOR  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2242 EIGHTH AVE.  
SAINT JAMES CITY, FL 33956

**New Mailing Address:**

2242 EIGHTH AVE  
SAINT JAMES CITY, FL 33956

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

COMBS, BERT L  
106 E. COLLEGE AVENUE, 12TH FLOOR  
TALLAHASSEE, FL 32301 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: HALBLEIB, ROSS A  
Address: 2242 EIGHTH AVE.  
City-St-Zip: SAINT JAMES CITY, FL 33956

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: HALBLEIB, MARYNELL G  
Address: 2242 EIGHTH AVE.  
City-St-Zip: SAINT JAMES CITY, FL 33956

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: ROSS A HALBLEIB

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

03/02/2012

\_\_\_\_\_  
Date