

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B04000000058

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** THE CHRISTIAN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1504 N. US HWY 395 #8  
GARDENERVILLE, NV 89410

**New Principal Place of Business:**

**Current Mailing Address:**

1504 N. US HWY 395 #8  
GARDENERVILLE, NV 89410

**New Mailing Address:**

**FEI Number:** 32-0024520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRAIT, EMILY B  
8219 VIA VERONA  
ORLANDO, FL 32836 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: STRAIT, EMILY B

Address: 8219 VIA VERONA

City-St-Zip: ORLANDO, FL 32836

**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: EMILY B. STRAIT

GP

04/29/2009

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

\_\_\_\_\_  
Date