

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B07000000279

**FILED**  
**Jul 06, 2009**  
**Secretary of State**

**Entity Name:** SAMS' FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

221 N CAUSEWAY STE A  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 250  
DECATUR, GA 30031

**New Mailing Address:**

PO BOX 190007  
ATLANTA, GA 31119

**FEI Number:** 20-3533099      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

SPENCE, HAL MR.  
221 N CAUSEWAY STE A  
NEW SMYRNA BEACH, FL 32169      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: SAMS, GARY M  
Address: 1204 BELLAIRE DR  
City-St-Zip: ATLANTA, GA 30319

Document #:

Name: SAMS, CHARLES M  
Address: UNIT 1201 TRADEWINDS 5265 SOUTH ATLANTIC  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: GARY M. SAMS

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

07/06/2009

\_\_\_\_\_ Date