

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B93000000555

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** GILLUND FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

%WENDELL D. GILLUND  
3971 GULF SHORE BLVD. NORTH, #904  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

%WENDELL D. GILLUND  
3971 GULF SHORE BLVD. NORTH, #904  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 34-1755413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILLUND, WENDELL D  
3971 GULF SHORE BLVD. NORTH, #904  
NAPLES, FL 34103 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: GILLUND, WENDELL D

Address: 3971 GULF SHORE BLVD., NORTH UNIT 904

City-St-Zip: NAPLES, FL 34103

**ADDRESS CHANGES ONLY:**

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: WENDELL D. GILLUND

GP

02/17/2010

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

\_\_\_\_\_  
Date