

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B94000000106

Entity Name: ADFAM PARTNERS, LTD.

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4310 PABLO OAKS COURT  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 19366  
JACKSONVILLE, FL 322459366

**New Mailing Address:**

FEI Number: 59-3224347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 #: P94000014094  
Name: TWOBROS, INC.  
Address: 4310 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 32224

**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: JUDY B MORGAN

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04/24/2009

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

\_\_\_\_\_  
Date