

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000536

**FILED  
Apr 23, 2014  
Secretary of State  
CC5779074857**

**Entity Name:** THE MICHAEL L. JENKINS FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

75 BAY GROVE BOULEVARD  
SUITE 1  
FREEPORT, FL 32439

**Current Mailing Address:**

75 BAY GROVE BOULEVARD  
SUITE 1  
FREEPORT, FL 32439

**FEI Number: 04-3732883**

**Certificate of Status Desired: No**

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

JENKINS, MICHAEL L  
75 BAY GROVE BOULEVARD  
SUITE 1  
FREEPORT, FL 32489 US

*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 Detail :**

Document #  
Name JENKINS, MICHAEL L  
Address 75 BAY GROVE BOULEVARD  
City-State-Zip: FREEPORT FL 32439

Document #  
Name JENKINS, LAURA DIANE  
Address 75 BAY GROVE BOULEVARD  
City-State-Zip: FREEPORT FL 32439

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL JENKINS**

**MANAGING PARTNER**

**04/23/2014**

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

\_\_\_\_\_  
Date