

**2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001632

**Entity Name:** FRANCES L. RINES AND JAMES H. RINES FAMILY LIMITED PARTNERSHIP

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC5700548043**

**Current Principal Place of Business:**

15375 SOUTHWEST WARFIELD BOULEVARD  
INDIANTOWN, FL 34956

**Current Mailing Address:**

PO BOX 307  
INDIANTOWN, FL 34956

**FEI Number: 33-1074473**

**Certificate of Status Desired: No**

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

RINES, JAMES H  
15375 SOUTHWEST WARFIELD BOULEVARD  
INDIANTOWN, FL 34956 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 FRANCES L. RINES AND JAMES H.  
RINES

Address 15500 SW TRAIL DRIVE

City-State-Zip: INDIANTOWN FL 34956

*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: FRANCES L. RINES

GP

02/01/2013

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

\_\_\_\_\_  
Date