2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A1100000005

Entity Name: INCHIQUIN FAMILY LIMITED PARTNERSHIP LLLP

FILED
Jan 23, 2014
Secretary of State
CC8605599978

Current Principal Place of Business:

393 NORTH POINT ROAD, #701 OSPREY. FL 34229

Current Mailing Address:

393 NORTH POINT ROAD, #701 OSPREY, FL 34229

FEI Number: 06-1487699 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GEIMER, LARRY 1990 MAIN STREET 801 SARASOTA, FL 34236 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 SIMOLARI, FAITH

Address 393 NORTH POINT ROAD, #701

City-State-Zip: OSPREY FL 34229

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: FAITH SIMOLARI