

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A14000000371

**Entity Name:** EDMONDS FAMILY PARTNERSHIP, LLLP

**Current Principal Place of Business:**

9309 OLD KINGS RD S STE 1A  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

9309 OLD KINGS RD S. STE 1A  
JACKSONVILLE, FL 32257 US

**FEI Number:** 37-1761482

**Certificate of Status Desired:** No

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

BRANT,ABRAHAM,REITER,MCCORMICK & JOHNSON,P  
50 NORTH LAURA STREET STE 2750  
JACKSONVILLE, FL 32202 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 # L14000078018  
Name EDMONDS PRIMARY MANAGEMENT,  
LLC  
Address 9309 OLD KINGS RD S STE 1A  
City-State-Zip: JACKSONVILLE FL 32257

*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:** JAMES EDMONDS III

**PRINCIPAL**

**03/27/2015**

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

\_\_\_\_\_  
Date