2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 21, 2017
Secretary of State
CC4082143982

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Entity Name: TEGAN FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

5438 COLD SPRING LN
NORTH PORT, FL, FL 34291

Current Mailing Address:

PO BOX 7362
NORTH PORT, FL, FL 34290 US

FEI Number: 81-2265960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEMEK, THEODORE J
5438 COLD SPRING LN
NORTH PORT, FL 34291 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	LEMEK, THEODORE J
Address	5438 COLD SPRING LN
City-State-Zip:	NORTH PORT FL 34291

Document #	
Name	LEMEK, KATHLEEN A
Address	5438 COLD SPRING LN
City-State-Zip:	NORTH PORT FL 34291

Document #	
Name	CRONIN, EDWARD W
Address	5438 COLD SPRING LN
City-State-Zip:	NORTH PORT FL 34291

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: THEODORE J LEMEK GENERAL PARTNER 04/21/2017

Electronic Signature of Signing General Partner Detail — Date