

**2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000002032

**Entity Name:** SMOAK FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5653 BERRY GROVES ROAD  
CLERMONT, FL 34714

**Current Mailing Address:**

5653 BERRY GROVES ROAD  
CLERMONT, FL 34714

**FEI Number:** 59-3619774

**Certificate of Status Desired:** No

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

ELLIS, DELL M  
5653 BERRY GROVES RD  
CLERMONT, FL 34714 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 ELLIS, DELL M

Address 5653 BERRY GROVES ROAD

City-State-Zip: CLERMONT FL 34714

*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:** DELL ELLIS

**GENERAL PARTNER**

**04/25/2013**

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

\_\_\_\_\_  
Date