


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005.**

**FILED  
Feb 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A97000002506**

1. Entity Name  
**THE HESSEL FAMILY LIMITED PARTNERSHIP**




Principal Place of Business  
**13687 DEERING BAY DRIVE  
CORAL GABLES, FL 33158**

Mailing Address  
**% GELBER & COMPANY  
11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



01222005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0794078**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HESSEL, FRANK J  
13687 DEERING BAY DRIVE  
CORAL GABLES, FL 33158**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	
NAME	<b>HESSEL, FRANK J</b>
STREET ADDRESS	<b>13687 DEERING BAY DRIVE</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33158</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	<b>000000235420 02/19/05-80002-010 526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE:  DATE: **1/25/05** DAYTIME PHONE #: **305-529-9088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Day Daytime Phone #