


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

*Fla* **Sec. of State**  
**FILED State**  
**Apr 05, 2006 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.

3. Mailing Address  
 Suite, Apt #, etc.

City & State

D1242006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**65-0794078**

Applied For  
 Not Applicable

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HESSEL, FRANK J	STREET ADDRESS	
NAME	13687 DEERING BAY DRIVE	CITY-ST-ZIP	
STREET ADDRESS	CORAL GABLES, FL 33158		000000453265 04/19/06-80098-010 500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Frank J. Hessel* **4/3/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #

STAPLE CHECK HERE