


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Jan 29, 2007 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
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0794078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2007, Fee will be \$900.00**

U00000611258
02/02/07-80051-022 500.00

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HESSEL, FRANK J 13687 DEERING BAY DRIVE CORAL GABLES, FL 33158
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STAPLE CHECK HERE

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 Date: 1.25.07

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