


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 April 07
Halliwell

DOCUMENT # A98000001046 1. Entity Name HALLIWELL FAMILY, LTD.					
Principal Place of Business 615 NE THIRD AVE FORT LAUDERDALE, FL 33304			Mailing Address 615 NE THIRD AVE FORT LAUDERDALE, FL 33304		
2. Principal Place of Business - No P.O. Box # 5775 N.E. VERDE CIRCLE		3. Mailing Address 5775 N.E. VERDE CIRCLE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33487		Country USA		03242007 Chg-LP CR2E003 (12/06)	
4. FEI Number 65-0830023		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUDOLF & HOFFMAN PA 615 NE THIRD AVE FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>William D. Halliwell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>17 April 2007</i>		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	HALLIWELL, WILLIAM H		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	5775 NE VERDE CIRCLE		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33487		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	HALLIWELL, ANNE P		STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	5593 HIGHWAY 5		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	DOUGLASVILLE, GA 30125		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME			STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS			STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
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CITY-ST-ZIP			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: <i>William D. Halliwell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE <i>17 April 2007</i>		
			Daytime Phone # <i>561/997-7583</i>		

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