

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000725

**FILED**  
**Jan 22, 2017**  
**Secretary of State**  
**CC4664700824**

**Entity Name:** HADDEN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

201 SOUTH NARCISSUS, #603  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

201 SOUTH NARCISSUS, #603  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-0740567

**Certificate of Status Desired:** No

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

ENGELBERG, MORRIS ESQ.  
3800 S OCEAN DR, #217  
HOLLYWOOD, FL 33019 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 HADDEN, WILLIAM B  
Address 201 S NARCISSUS AVE., APT. 603  
City-State-Zip: WEST PALM BEACH FL 33401

Document #  
Name WILLIAM B HADDEN TRUST UWOF  
LOUISE F HADD  
Address 201 S NARCISSUS AVE #603  
City-State-Zip: W PALM BEACH FL 33401

*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:** WILLIAM B. HADDEN

**GENERAL PARTNER**

**01/22/2017**

Electronic Signature of Signing General Partner Detail

Date