2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 16, 2005 08:00 AM Secretary of State

DOCUMENT # A0000001425  1. Entity Name THE HARE FAMILY LIMITED PARTNERSHIP  Principal Place of Business  Mailing Address						Secretary of State			
5802 DOWN DOVER, FL	ING STREET	<u>-</u> -	P.O. BOX 307 DOVER, FL 33527			1 12 2 12 11 14 11 1	lifi While Brill krazil Skil	f walls water light	BIETS ITSU SIMBII ČI ISTI
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04282005	Chg-LP	CR2E000	3 (10/03)
City & State			City & State		4. FEI Number 59-3676	985		Applied For Not Applicable	
Zip Country			Zip	Cour	ntry	5. Certificate of		Fe Fe	8.75 Additional se Required
	6. Name and Addres	7. Name and Address of New Registered Agent Name							
DWYER, JOHN 506 NORTH ALEXANDER STREET PLANT CITY, FL 33564-0848					Street Address (P.O. Box Number is Not Acceptable)				
· · · · · · · · · · · · · · · · · · ·			City		City			FL	Z <sub>ID</sub> 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 Squature, typed or printed name of registered agent and title if supervable									
9. Capital Contributions, as Shown on record. \$2,500.00  10. Amount of Capital Code in FLORIDA to date.					butions			DATE	<u> </u>
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.									er.
12.		RAL PARTNER IN		13.			ADDRESS CHA		
DOCUMENT / NAME STREET ADDRESS	HARE, PORTER TRUSTEE P.O. BOX 307			1	EET ADDRESS				
CITY-ST-ZIP	DOVER, FL 33527			CHY	-ST-ZIP				
DOCUMENT #  NAME  STREET ADDRESS				STRE	EF ADDRESS	U00000367221 05/16/05-00026-017-141.25			
CITY-ST-ZIP			<u>, , , , , , , , , , , , , , , , , , , </u>	CITY	- ST - ZIP				1 T1 + C3
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DOCUMENT #				STRE	ET ADDRESS		<u> </u>		
STREET ADDRESS CITY+ST-ZIP	·			CITY	-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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									