2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May:1, 2907

DOCUMENT # A0000001425

1. Entity Name

THE HARE FAMILY LIMITED PARTNERSHIP



FILED May 04, 2007 08:00 A Secretary of State

Principal Place of Business

5802 DOWNING STREET DOVER, FL 33527 Mailing Address P.O. BOX 307 DOVER, FL 33527



04302007 No Chg-LP

CR2E003 (12/06)

| 4. FEI Number | Applied For |
|----------------------------------|-----------------------------------|
| 59-3676985 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DWYER, JOHN 506 NORTH ALEXANDER STREET PLANT CITY, FL 33564-0848

DO NOT WRITE IN THIS SPACE

| | | IN TIME OF AGE |
|---|---|---|
| the obligat | named entity submits this statement for the purpose of changing its registered agent. | stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 100000761781 |
| SIGNATURE | 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 | |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f | Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. orm; an amendment must be filed to change a general partner. |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | GENERAL PARTNER INFORMATION HARE, PORTER TRUSTEE P.O. BOX 307 DOVER, FL 33527 | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | · · |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT / | } | |

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:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

OTEL HOND PRINTED NAME OF SIGNING GENERAL PARTNER

Hare 4-3

813-659-0575

Daylime Phone #