2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000441

1. Entity Name
HOGAN FAMILY ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
936 INTERCOASTAL DRIVE, APT. 4-A FT. LAUDERDALE FL 33304-3640	936 INTERCOASTAL DRIVE, APT. 4-A FT. LAUDERDALE FL 33304-3640

2. Principal Place of Business	3. Mailing Address
936 Intercoastal Dr	Same
Suite, Apt. #, etc. 4-A	Suite, Apt #, etc.
City & State FT Lauderdale	City & State
Zip 33304 Country Broward	Zip Country

1st MOORE CR2E003 (10/05)

4. FEI Number 65-1096797 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLOTO, JAMES R ESQ.
C/O MISHAN, SLOTO, ET AL
200 S. BISCAYNE BLVD., SUITE 2350
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip 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 James D Hogan 1/23/06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	HOGAN, JAMES D		
STREET ADDRESS	936 INTERCOASTAL DRIVE, APT. 4-A	CITY-ST-ZIP	800080417653 02/13/06--80062--023 500.00
CITY-ST-ZIP	FT. LAUDERDALE FL 33304-3640		
DOCUMENT #		STREET ADDRESS	
NAME	HOGAN, MILLICENT C		
STREET ADDRESS	936 INTERCOASTAL DRIVE, APT. 4-A	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304-3640		
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CITY-ST-ZIP			

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: James D Hogan 1/23/06 954 561 1032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #