2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A01000000441

1. Entity Name

HOGAN FAMILY ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 26 AM 9:28

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

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
James D Hogan	936 Intracoastal Dr 4-A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale	City & State: FL.
Zip: 33304 - Country: Broward	Zip: Country:

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	7. Name and Address of New Registered Agent
SLOTO, JAMES R ESQ. C/O MISHAN, SLOTO, ET AL 200 S. BISCAYNE BLVD., SUITE 2350 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP HOGAN, JAMES D 936 INTERCOASTAL DRIVE, APT. 4-A FT. LAUDERDALE FL 33304-3640	STREET ADDRESS CITY ST ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP HOGAN, MILLICENT C 936 INTERCOASTAL DRIVE, APT. 4-A FT. LAUDERDALE FL 33304-3640	STREET ADDRESS CITY ST ZIP 400086796784 01/31/07--01012--008 **508.75
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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 receivor or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: James D Hogan 01/17/07 (954) 561 1032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #