2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A01000000441

1. Entity Name
HOGAN FAMILY ENTERPRISES, LTD.

FILED
08 MAY 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% JAMES D HOGAN 936 INTERCOASTAL DRIVE APT 4-A FT. LAUDERDALE, FL 33304	% JAMES D HOGAN 936 INTERCOASTAL DRIVE APT 4-A FT. LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. Same
City & State	City & State
Zip / Country	Zip / Country

04282008 Chg-LP CR2E003 (12/06)

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 James D Hogan — DATE 05/20/08
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

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	500013092031 5 06/05/08--01039--015 **508.75
NAME	HOGAN, JAMES D		
STREET ADDRESS	936 INTERCOASTAL DRIVE, APT. 4-A	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333043640		
DOCUMENT #		STREET ADDRESS	
NAME	HOGAN, MILLICENT C		
STREET ADDRESS	936 INTERCOASTAL DRIVE, APT. 4-A	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333043640		
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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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: James D Hogan — 05/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #