

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A01000001695 1. Entity Name HOFFMAN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4851 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103	Mailing Address 4851 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103
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01162007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0028060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, HARVEY B  
 4851 TAMiami TRAIL NORTH, SUITE 300  
 NAPLES, FL 34103

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

01/24/07 20055-007 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOFFMAN, HARVEY B 4851 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOFFMAN, IOLA 184 VIA NAPOLI NAPLES, FL 34105
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HANSON, KAREN 601 HOLLAND DRIVE FAR HILLS, NJ 07931
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 1/15/07 (239) 430-8100  
Date Daytime Phone #

Harvey B. Hoffman