

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000001695	
1. Entity Name HOFFMAN FAMILY LIMITED PARTNERSHIP	

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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01102008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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 01/16/08-80055-013-500.00

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:  1/15/08 (235) 430-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE