2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000001695

Entity Name: HOFFMAN FAMILY LIMITED PARTNERSHIP

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4851 TAMIAMI TRAIL NORTH, SUITE 300 4851 TAMIAMI TRAIL NORTH NAPLES, FL 34103

SUITE 300

NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

4851 TAMIAMI TRAIL NORTH, SUITE 300 4851 TAMIAMI TRAIL NORTH

NAPLES, FL 34103 SUITE 300

NAPLES, FL 34103

FEI Number: 30-0028060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOFFMAN, HARVEY B HOFFMAN, HARVEY B 4851 TAMIÁMI TRAIL NORTH, SUITE 300 4851 TAMIÁMI TRAIL NORTH

NAPLES, FL 34103 SUITE 300 NAPLES, FL 34103 US

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.

SIGNATURE: 01/16/2009

> Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

HOFFMAN, HARVEY B Name:

4851 TAMIAMI TRAIL NORTH, SUITE 300 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip:

Document #:

HOFFMAN, IOLA Name:

Address: 184 VIA NAPOLI Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip:

Document #:

Name: HANSON, KAREN

601 HOLLAND DRIVE Address: Address: City-St-Zip: FAR HILLS, NJ 07931 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

GΡ SIGNATURE: HARVEY B. HOFFMAN 01/16/2009