

**2008 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2008****FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State****DOCUMENT # A02000001332**1. Entity Name  
**HARLEY OFFICE FAMILY LIMITED PARTNERSHIP, LLP**Principal Place of Business  
**6905 N. WICKHAM ROAD  
SUITE 501  
MELBOURNE, FL 32940**Mailing Address  
**6905 N. WICKHAM ROAD  
SUITE 501  
MELBOURNE, FL 32940**

04092008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
**56-2301269**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****BUESCHER, HOWARD  
6905 N. WICKHAM ROAD  
SUITE 501  
MELBOURNE, FL 32940****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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**000000890604  
04/22/08-80103-011 500.00**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 BUESCHER, HOWARD  
STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 501  
CITY-ST-ZIP MELBOURNE, FL 32940****DOCUMENT #  
NAME BUESCHER, MERCEDES  
STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 501  
CITY-ST-ZIP MELBOURNE, FL 32940****DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP****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**

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

**Howard Buescher**

04/09/08

Date

321-259-6972

Daytime Phone #

STAPLE CHECK HERE