

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000688

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** SANDALL HALE FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

5200 NORTH FLAGLER DR., APT. 1501  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

5200 NORTH FLAGLER DR., APT. 1501  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

5200 NORTH FLAGLER DR., APT. 1501  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

5200 NORTH FLAGLER DR., APT. 1501  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 14-1873650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDALL, EDWARD  
5200 NORTH FLAGLER DR., APT. 1501  
WEST PALM BEACH, FL 33407 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P03000006064  
Name: SANDHALE, INC.  
Address: 5200 NORTH FLAGLER DR., APT. 1501  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: WEST PALM BEACH, FL 33407 US

I hereby 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.

SIGNATURE: ESANDALL

P

04/09/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date