## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 DOCUMENT #A03000000837 1. Entity Name HART DISTRICT, LTD. Principal Place of Business 18851 NE 29TH AVE., 7TH FL AVENTURA, FL 33180 Mailing Address 18851 NE 29TH AVE., 7TH FL AVENTURA, FL 33180 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED May 02, 2008 08:00 AN Secretary of State



04302008 No Chg-LP

CR2E003 (12/06)

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L	DO NOT WRITE IN THIS SPAC	<b>,</b> ⊏	4. FEI Number	Applied For
			20-0724197	Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent		the second of	
	0.000			
POSNER, GARY D 18851 NE 29TH AVE., 7TH FL		DO NOT WRITE		
AVENTURA, FL 33180		IN THIS SPACE		
		IN THIS SPACE		
	1			
	e named entity submits this statement for the purpose of changing its registere	ed office or registe	ered agent, or both, in the State of Florida. I	am familiar with, and accept
the obligat	tions of registered agent.			
SIGNATURE				-
	Signature, typed or printed name of registered agent and title if applicable.		DAT	t.
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00			
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY M NOTE: General Partners MAY NOT be changed on the form	UST BE REGIS ; an amendme	TERED AND ACTIVE WITH THIS OFF nt must be filed to change a general	ICE. partner.
12.	GENERAL PARTNER INFORMATION			
DOCEMENT #	L03000013398			
NAME	HART DISTRICT, L.L.C.			
STREET ADORESS	18851 NE 29TH AVE., 7TH FL			
C:TY-ST-ZiP	AVENTURA, FL 33180		. U000009435i	30
DOCALMENT #	1		. U000009435i 05/29/08-8006i	5-005 500.00
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STREET ADORESS CITY-ST-VIP				
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44 Lhoroby	and that the information arounding with this filling dags and qualify for the qua	omptions contain	nd in Chapter 110 Elerida Statutos I further	certify that the information

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:

STAPLE CHECK HERE

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #