


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001418 1. Entity Name HANES VENTURES, LTD.					
Principal Place of Business C/O FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108			Mailing Address C/O FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0269510	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record: \$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date: \$10,000,000.00			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
HANES, ROLENZO A 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108			CITY- ST- ZIP		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP			STREET ADDRESS CITY- ST- ZIP		
HANES, MADELINE W 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108			CITY- ST- ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Amy L. Schneider</u> <i>attorney for Rolando A. Hanes</i> 4/27/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> 239-595-1221 Date Daytime Phone					



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FL

Zip Code

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