

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 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**



03082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0269510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BLVD., STE. 600
NAPLES, FL 34108**

**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, 2007, Fee will be \$900.00

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
STREET ADDRESS
CITY-ST-ZIP
**HANES, ROLENZO A
5811 PELICAN BAY BLVD., STE. 600
NAPLES, FL 34108**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HANES, MADELINE W
5811 PELICAN BAY BLVD., STE. 600
NAPLES, FL 34108**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80024-003 500.00

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: *X Rolenzo A. Hanes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/07

Date

Daytime Phone #

Rolenzo A. Hanes

STAPLE CHECK HERE