# 2005 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By May 1, 2005

DOCUMENT # A04000000853

05 MAY 23 PM 4:04

1. Entity Name
HASTINGS FAMILY LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| 1711 SE 27TH LOOP<br>OCALA, FL 34471 | 1711 SE 27TH LOOP<br>OCALA, FL 34471 |

04282005 Chg-LP CR2E003 (10/03) 5/23

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SEYLER, KEITH<br>707 NE 25TH AVENUE<br>OCALA, FL 34471 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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
(Signature, Typed or Printed Name of registered agent and Title if applicable)

| 9. Capital Contributions as Shown on record | 10. Amount of Capital Contributions in FLORIDA to date |
|---|---|
| $100.00 | |

**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: HASTINGS, JEAN D / 1711 SE 27TH LOOP / OCALA, FL 34471 | STREET ADDRESS / CITY-ST-ZIP: 800000366055 05/11/05-80026-025 141.25 |
| DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP: SEYLER, KEITH / 707 NE 25TH AVENUE / OCALA, FL 34471 | STREET ADDRESS / CITY-ST-ZIP |
| DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP | STREET ADDRESS / CITY-ST-ZIP |
| DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP | STREET ADDRESS / CITY-ST-ZIP |
| DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP | STREET ADDRESS / CITY-ST-ZIP |
| DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP | STREET ADDRESS / CITY-ST-ZIP |

STAPLE; CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #