

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:15

**DOCUMENT # A04000000853**

1. Entity Name  
**HASTINGS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
 1711 SE 27TH LOOP  
 OCALA, FL 34471

Mailing Address  
 1711 SE 27TH LOOP  
 OCALA, FL 34471

2. Principal Place of Business  
**707 NE 25TH AVENUE**  
 Suite, Apt. #, etc.  
 OCALA, FL

3. Mailing Address  
**707 NE 25TH AVENUE**  
 Suite, Apt. #, etc.

03242006 Chg-LP CR2E003 (11/05)

City & State  
**OCALA, FL**

City & State  
**OCALA, FL**

4. FEI Number  
**APPLIED FOR 20-0938536** Applied For  
 Not Applicable

Zip  
**34470**

Country  
**USA**

Zip  
**34470**

Country  
**USA**

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**  
**707 NE 25TH AVENUE**  
**OCALA, FL 34471**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

*(Signature)*  
 Signature typed or printed name of registered agent and title if applicable.

DATE

**3-28-06**

**FILE NOW!!! FEES \$500.00**  
**After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME **HASTINGS, JEAN D**  
 STREET ADDRESS **1711 SE 27TH LOOP**  
 CITY-ST-ZIP **OCALA, FL 34471**

*remove*

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME **SEYLER, KEITH**  
 STREET ADDRESS **707 NE 25TH AVENUE**  
 CITY-ST-ZIP **OCALA, FL 34471**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME **ESTATE OF JEAN HASTINGS**  
 STREET ADDRESS **707 NE 25TH AVENUE**  
 CITY-ST-ZIP **OCALA, FL 34471**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3-28-06 352-843-6140**

STAPLE CHECK HERE