

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000428

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Entity Name:** HEMLEPP FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

6155 NW 32 AVE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

6155 NW 32 AVE  
BOCA RATON, FL 33496

**New Mailing Address:**

**FEI Number:** 20-2475379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEMLEPP, OLIVER  
6155 NW 32 AVE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HEMLEPP, SALLY

Address: 6155 NW 32 AVE

City-St-Zip: BOCA RATON, FL 33496

Document #:

Name: HEMLEPP, OLIVER

Address: 6155 NW 32 AVE

City-St-Zip: BOCA RATON, FL 33496

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OLIVER HEMLEPP

GP

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date