


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # A06000000028	
1. Entity Name THE HARIHAR FAMILY LIMITED PARTNERSHIP	

**FILED**

08 JAN 29 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01142008 Chg-LP CR2E003 (12/06)

Principal Place of Business C/O BIPIN C. AND MINA B. BHATT 3516 PAR ROAD SEBRING, FL 33872-1225		Mailing Address C/O BIPIN C. AND MINA B. BHATT 3516 PAR ROAD SEBRING, FL 33872-1225	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BRENNAN MANNA & DIAMOND, P.L. 76 SOUTH LAURA STREET, SUITE 2100 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	BHATT, BIPIN C	STREET ADDRESS	
NAME	3516 PARK ROAD	CITY-ST-ZIP	
STREET ADDRESS	SEBRING, FL 338721225		
CITY-ST-ZIP			
DOCUMENT #	BHATT, MINA B	STREET ADDRESS	
NAME	3516 PARK ROAD	CITY-ST-ZIP	
STREET ADDRESS	SEBRING, FL 338721225		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

100115431951  
01/17/08--01042--025 \*\*\$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: B. S. L. P. 1/19/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE