


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000001223			
1. Entity Name HOOVER FARMS, L.P.			
Principal Place of Business 3000 S.W. 154TH AVE. DAVIE FL 33331		Mailing Address 3000 S.W. 154TH AVE. DAVIE FL 33331	
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

FILED

2007 MAR -1 AM 10:20



1st MOORE CR2E003 (10/06)

4. FEI Number 20-5760891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

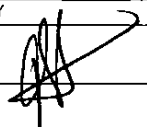
6. Name and Address of Current Registered Agent HOOVER, RENEE D 3000 S.W. 154TH AVE. DAVIE FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits 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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	CIRCLE 4, LLC	STREET ADDRESS	
NAME	3000 S.W. 154TH AVE.	CITY ST ZIP	
STREET ADDRESS	DAVIE FL 33331	STREET ADDRESS	300091017153
CITY ST ZIP		CITY ST ZIP	03/06/07--01027--017 **500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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:

Renee Hoover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/07

Date

954-424-1800

Daytime Phone #

STAPLE CHECK HERE