2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Jan 16, 2008 08:00 AN Secretary of State

DOCUMENT	# A0600001223	
DOCOMENT	# /100000001223	

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



01092008 No Chg-LP

CR2E003 (12/06)

4.	FEI Number		Applied For
	20-5760891		Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Re	Additional ired

6. Name and Address of Current Registered Agent

HOOVER, RENEE D 3000 S.W. 154TH AVE. DAVIE, FL 33331

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 The above named entity submits this statement for the purpose of changing its registered office or registered ag the obligations of registered agent. 	ent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature: typed or printed name of registered agent and title if applicable.	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
	DAND ACTIVE MITH THE OFFICE

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 DOCUMENT # CIRCLE 4, LLC NAME STREET ADDRESS 3000 S.W. 154TH AVE. CITY-ST-ZIP **DAVIE, FL 33331** DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

U00000786512 01/17/08-80042-027 500.00

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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

SIGNATURES

DOCUMENT *
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

08 954-424-1