

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:44

DOCUMENT # A07000000991

1. Entity Name
 HASBINI FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 3658 ERINDALE DRIVE
 VALRICO, FL 33594

Mailing Address
 3658 ERINDALE DRIVE
 VALRICO, FL 33594

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
 33596

Country

Zip
 33596

Country

01112008

Chg-LP

CR2E003 (12/06)

4. FEI Number

26-0784823

Applied For

Not Applicable

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

LASMAN, JEFFREY M ESQ.
 6152 DELANCEY STATION STREET, SUITE 205
 RIVERVIEW, FL 33569

Name

GAIL POPOVICH

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

3658 ERINDALE DR

City

VALRICO

FL

Zip
 33596

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]

1/28/08

DATE

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 # L07000085967
 NAME HASBINI FAMILY MANAGEMENT, LLC
 STREET ADDRESS 3658 ERINDALE DRIVE
 CITY-ST-ZIP VALRICO, FL 33594

STREET ADDRESS

CITY-ST-ZIP

VALRICO FL 33596

DOCUMENT #
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 CITY-ST-ZIP

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:

ALI HASBINI

813-681-8419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE