

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

08 SEP 24 AM 11:47

DOCUMENT # A07000001387

1. Entity Name
 HALE FAMILY LIMITED PARTNERSHIP, II



Principal Place of Business
 739 RIVERA STREET
 VENICE, FL 34285

Mailing Address
 739 RIVERA STREET
 VENICE, FL 34285



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

09102008

Chg-LP

CR2E003 (12/06)

4. FEI Number

26-1608985

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

HALE, PATRICIA ANNE
 739 RIVERA STREET
 VENICE, FL 34285

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

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 # L07000122329
 NAME HALE FAMILY II, LLC
 STREET ADDRESS 739 RIVERA STREET
 CITY-ST-ZIP VENICE, FL 34285

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9/15/08

941-493-4156

AS PROXIM

STAPLE CHECK HERE