

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 AM 9:45

**DOCUMENT # A26211**

1. Entity Name

HERNANDO 515 LTD.



Principal Place of Business

~~4040 NEWBERRY ROAD, STE 1000  
GAINESVILLE FL 32607~~

Mailing Address

3111 PACES MILL RD  
SUITE A250  
ATLANTA GA 30339



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

3580 E. WOOD KNOLL LN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO, FL

City & State

Zip

34442

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

59-2838670

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN  
HALLMARK MANAGEMENT, INC.  
4040 NEWBERRY ROAD., SUITE 1000  
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

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.\*\*\* After May 1, 2008, 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

DOCUMENT # M03000001595  
NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC  
STREET ADDRESS 3111 PACES MILL ROAD, STE A-250  
CITY-ST-ZIP ATLANTA GA 30339

13. ADDRESS CHANGES ONLY

STREET ADDRESS

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STREET ADDRESS

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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

Debit Phone #

STAPLE CHECK HERE