2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR

A29006 **DOCUMENT #**

1. Entity Name
THE HAGGERTY FAMILY LIMITED PARTNERSHIP



Principal Place of Business 2675 OCEAN DR. VERO BEACH FL 32963

2. Principal Place of Business

Mailing Address 2675 OCEAN DR. VERO BEACH FL 32963

3. Mailing Address

FILED 03 HAY -2 PM 7:53 SECRETARY OF STATE TALLAHASSEE FLORIDA



Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE: BY MAY 1, 2003				
City & State			City & State		4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
Zip	Zip Country Zip		Zip	Country		5. Certificate o	f Status Desired	×	\$8.75 Fee Requ	Additional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
HAGGERT	Y, GLENN I				Name					
2675 OCEAN DR.					Street Address (P.O. Box Number is Not Acceptable)					
	ACH FL 329	63								<u> </u>
					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										
9. Capital Co		\$10,000.00	10. Amount of Capita	al Contril	butions		11. MAKE CHECK		TO FL. D	EPT. OF STATE
as Shown on record.					SEE REVERSE SIDE FOR FEE IME					
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. / 6 / 12. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY										
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: