

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:28

DOCUMENT # A94000001083 1. Entity Name HAYNES FAMILY, LTD.			
Principal Place of Business 9173 BAY POINT DRIVE ORLANDO, FL 32819		Mailing Address 9173 BAY POINT DRIVE ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # 5900 TARAWOOD DR.		3. Mailing Address 5900 TARAWOOD DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32819		Zip 32819	
Country		Country	
4. FEI Number 59-3262103		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYNES, BRUCE G 9173 BAY POINT DRIVE ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name BRUCE G. HAYNES Street Address (P.O. Box Number is Not Acceptable) 5900 TARAWOOD DR City Orlando FL Zip Code 32819	
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 <u>Bruce G. Haynes</u> DATE <u>4/14/08</u> (407) 876-6267			
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 # NAME STREET ADDRESS CITY - ST - ZIP	HAYNES, BRUCE G 9173 BAY POINT DRIVE ORLANDO, FL 32819	STREET ADDRESS CITY - ST - ZIP	
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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 SIGNATURE: <u>Bruce G. Haynes</u> DATE <u>4/14/08</u> (407) 876-6267 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE