


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A94000001119					
1. Entity Name HATHAWAY LIMITED PARTNERSHIP					
Principal Place of Business 5992 - 32ND AVENUE NORTH ST. PETERSBURG, FL 33710			Mailing Address 5992 - 32ND AVENUE NORTH ST. PETERSBURG, FL 33710		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03042008 Chg-LP CR2E003 (12/06)	
Zip		Country		4. FEI Number 59-3251540	
				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			7. Name and Address of New Registered Agent		
WHITE, RONALD C 5348 FIRST AVENUE NORTH ST. PETERSBURG, FL 33710			Name <u>Burkett, Jacob O.</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>5960 Central Avenue STE H</u>		
			City <u>ST. PETERSBURG</u> FL Zip Code <u>33707</u>		
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>Jacob O. Burkett</u>			DATE <u>3/26/08</u>		
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00</b>					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CLEMENTS, ALMA F TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	5922 - 32ND AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG, FL 33710				
DOCUMENT #	NAME		STREET ADDRESS	100123071521	
NAME			CITY-ST-ZIP	04/11/08-01048-010 **\$500.00	
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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: <u>Alma F. Clements</u>			Date <u>3-26-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE