

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**DOCUMENT # A94000001675**

1. Entity Name

HAILE NORTH, LTD.



Principal Place of Business

5300 SW 91ST TERR., STE B  
GAINSVILLE FL 32608

Mailing Address

5300 SW 91ST TERR., STE B  
GAINSVILLE FL 32608

2. Principal Place of Business

2887 SW 93rd Dr

3. Mailing Address

2887 SW 93rd Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32608

Country

USA

Zip

32608

Country

USA

6. Name and Address of Current Registered Agent

ROWE, ROBERT R  
5300 SW 91ST TERR., STE B  
GAINSVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

2887 SW 93rd Dr.

City

Gainesville

FL

Zip Code

32608

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, 2006, 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 # P94000089345  
NAME HAILE NORTH MANAGEMENT, INC.  
STREET ADDRESS 5300 SW 91ST TERR., STE B  
CITY-ST-ZIP GAINSVILLE FL 32608

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

2887 SW 93rd Dr.  
Gainesville FL 32608

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400076017494  
06/08/06--01034--023 \*\*\$900.00

DOCUMENT #

NAME

STREET ADDRESS

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DOCUMENT #

NAME

STREET ADDRESS

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:** Robert R. Rowe Robert R. Rowe 5-16-06 352 335-7846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**FILED**  
06 MAY 31 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



1st MOORE

CR2E003 (10/05)

4. FEI Number

59-3301665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required