

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

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000050	
1. Entity Name HAIDT LIMITED PARTNERSHIP	

Principal Place of Business 1213 SUWANEE DRIVE WEST PALM BEACH FL 33409	Mailing Address 1213 SUWANEE DRIVE WEST PALM BEACH FL 33409
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **65-0630416** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 S. FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	VAN HORN, JEWELL A	CITY-ST-ZIP	
STREET ADDRESS	1213 SUWANEE DRIVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #		STREET ADDRESS	
NAME	RODGERS, LAURA J	CITY-ST-ZIP	
STREET ADDRESS	5410 1/2 N. CENTRAL AVENUE		
CITY-ST-ZIP	TAMPA FL 33604		
DOCUMENT #		STREET ADDRESS	
NAME	BECKHAM, WILMA R	CITY-ST-ZIP	
STREET ADDRESS	1214 SUWANNE DRIVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

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: *Jewell A. Van Horn* **Jewell A. VAN HORN** 1-86-06 (561) 688-652