

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 19 AM 9:09

DOCUMENT # A95000000600

1. Entity Name
HASHMAN FAMILY PARTNERSHIP, LTD.



Principal Place of Business
691 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

Mailing Address
691 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

2. Principal Place of Business

21200 NE 38th Ave.

3. Mailing Address

21200 NE 38th Ave.

Suite, Apt. #, etc.

Apt. # 1001

Suite, Apt. #, etc.

Apt. 1001

City & State
Miami, FL

City & State
Miami, FL

Zip
33180

Country

Zip
33180

Country

04142005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0579071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASHMAN, SAM
691 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

Name

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

21200 NE 38th Ave.

Apt. 1001

City
Miami

FL Zip Code
33180

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 Contributions
as Shown on record. \$12,210,047.00

10. Amount of Capital Contributions
in FLORIDA to date. 11,782,564

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
HASHMAN, SAM
691 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

STREET ADDRESS
CITY-ST-ZIP
21200 NE 38th Ave.
Apt. 1001
Miami, FL 33180

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/14/05 305-936-8241

STAPLE CHECK HERE