

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # A95000000600**

1. Entity Name  
**HASHMAN FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**21200 NE 38TH AVE**  
**APT #1001**  
**MIAMI, FL 33180**

Mailing Address  
**21200 NE 38TH AVE**  
**APT #1001**  
**MIAMI, FL 33180**

FILED  
07 JUN 13 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05132007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**HASHMAN, SAM**  
**21200 NE 38TH AVE**  
**APT 1001**  
**MIAMI, FL 33180**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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**  
**21200 NE 38TH AVE., APT 1001**  
**MIAMI, FL 33180**

STREET ADDRESS  
CITY-ST-ZIP

**200104434783**  
**06/15/07--01060--008 \*\*500.00**

DOCUMENT #  
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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:**

*Sam Hashman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*May 24, 2007*  
Date

Daytime Phone #

STAPLE CHECK HERE