


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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
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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



02122008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0579071	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HASHMAN, SAM 21200 NE 38TH AVE APT 1001 MIAMI, FL 33180		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 \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	HASHMAN, SAM 21200 NE 38TH AVE., APT 1001 MIAMI, FL 33180	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	U00000910481 05/07/08-90003-003 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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

4/3/08
 Date

Daytime Phone #

STAPLE CHECK HERE