2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 13, 2006 08:00 AM Secretary of State Due By May 1, 2006 **DOCUMENT # A95000000820** HANFF FAMILY LIMITED PARTNERSHIP, L.L.L.P. Mailing Address Principal Place of Business **4909 GLENN DRIVE** 4909 GLENN DRIVE NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 04042008 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3322211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HANFF, JR., HENRY W M.D. 4909 GLENN DRIVE NEW PORT RICHEY, FL 34652 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT# NAME HANFF, JR., HENRY W.M.D. STREET ADDRESS 4909 GLENN DRIVE City-ST-ZIP NEW PORT RICHEY, FL 34652 DOCUMENT # UU00000505935 NAME 84/27/86-88001-821 500.00 SHREET ADDRESS CITY - ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CUTY - ST - 7/P IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information supplied with this filling 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 emporated to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER