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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2009

DOCUMENT # A95000000820

1. Entity Name
HANFF FAMILY LIMITED PARTNERSHIP, L.L.L.P.

Principal Place of Business	Mailing Address
4909 GLENN DRIVE NEW PORT RICHEY, FL 34652	4909 GLENN DRIVE NEW PORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
John. Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03162009 Chg-LP CR2E003 (11/08)

4. FEI Number: 59-3322211 — 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
HANFF, JR., HENRY W M D 4909 GLENN DRIVE NEW PORT RICHEY, FL 34652	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 the date of execution

FILE NOW!!! FEE IS $500.00
After May 1, 2009, Fee will be $600.00

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.

10. GENERAL PARTNER INFORMATION		11. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	HANFF, JR., HENRY W M D 4909 GLENN DRIVE NEW PORT RICHEY, FL 34652	STREET ADDRESS / CITY-ST-ZIP	
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STAPLE CHECK HERE

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 electronic 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: _____ 3/16/09 727-845-6353
SIGNATURE AND TITLE OR PRINTED NAME OF FOR NO GENERAL PARTNER — Date — Daytime Phone #

700148226327
05/13/08--80056--022 **500.00