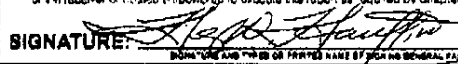


2009 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2009

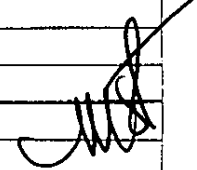
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000820					
1. Entity Name HANFF FAMILY LIMITED PARTNERSHIP, L.L.P.					
Principal Place of Business 4909 GLENN DRIVE NEW PORT RICHEY, FL 34652		Mailing Address 4909 GLENN DRIVE NEW PORT RICHEY, FL 34652			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Sole, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03162009 Chg-LP CR2E003 (11/08) 4. FEI Number 59-3322211	
5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required				Applied For (Not Applicable)	
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 _____					
FILE NOW! FEE IS \$500.00 After May 1, 2009, 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 #	NAME		STREET ADDRESS		
NAME	HANFF, JR., HENRY W M D		CITY-ST-ZIP		
STREET ADDRESS	4909 GLENN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 conduct this report as required by Chapter 119, Florida Statutes.					
SIGNATURE: 			3/16/09 727-845-6353 DATE		

05/13/08-80056-022-\$500.00



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 05/13/08--80056--022 **\$500.00