

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000820

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** HANFF FAMILY LIMITED PARTNERSHIP, L.L.L.P.

**Current Principal Place of Business:**

4909 GLENN DRIVE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4909 GLENN DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3322211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HANFF, JR., HENRY W M.D.  
4909 GLENN DRIVE  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HANFF, JR., HENRY W M.D.

Address: 4909 GLENN DRIVE

City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby 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: HENRY W. HANFF, JR. MD

\_\_\_\_\_  
Electronic Signature of Signing General Partner

03/19/2012

\_\_\_\_\_  
Date