


FILED
U.S. DEPT. OF STATE
REGISTRATION
06 FEB 24 AM 10:04

DOCUMENT # A96000000802 1. Entity Name THE HAYS FAMILY ASSOCIATES, LTD.				06 FEB 24 AM 10:04	
Principal Place of Business 2620 S. TAMiami TRAIL, STE., #200 SARASOTA, FL 34239		Mailing Address 2620 S. TAMiami TRAIL, STE., #200 SARASOTA, FL 34239			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent HAYS, MICHAEL 2620 S. TAMiami TRAIL STE 200 SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3040 Oriole Drive City Sarasota FL Zip Code 34239			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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.					
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY			
DOCUMENT #	EDER, GALE	STREET ADDRESS	3040 Oriole Dr		
NAME	2620 S. TAMiami TRAIL, STE., #200	CITY - ST - ZIP	Sarasota FL 34239		
STREET ADDRESS	SARASOTA, FL 34239				
CITY - ST - ZIP					
DOCUMENT #	HAYS, MICHAEL	STREET ADDRESS	2040 Oriole Dr		
NAME	2620 S. TAMiami TRAIL, STE., #200	CITY - ST - ZIP	Sarasota FL 34239		
STREET ADDRESS	SARASOTA, FL 34239				
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP	300067298803		
STREET ADDRESS			03/07/06 01010 003 **500.00		
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS			
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STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS					
CITY - ST - ZIP					
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: <i>Michael R. Hays</i> GP <i>12-23-06</i> <i>1941-376-7826</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					