

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A96000000802

1. Entity Name

THE HAYS FAMILY ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 9:55

Principal Place of Business

Mailing Address

2620 S. TAMiami TRAIL, STE., #200
SARASOTA FL 34239

2620 S. TAMiami TRAIL, STE., #200
SARASOTA FL 34239



2. Principal Place of Business - No P.O. Box #

2040 Oriole Dr.

3. Mailing Address

2040 Oriole Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/06)

City & State

Sarasota

City & State

Sarasota, FL

4. FEI Number

65-0662330

Applied For

Not Applicable

Zip

FL

Country

34239

Zip

34239

Country

USA

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

HAYS, MICHAEL
2040 ORIOLE DRIVE
SARASOTA FL 34239

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
NAME	2040 ORIOLE DR	CITY - ST - ZIP	
STREET ADDRESS	SARASOTA FL 34239		
CITY - ST - ZIP			
DOCUMENT #	HAYS, MICHAEL	STREET ADDRESS	500089827685
NAME	2040 ORIOLE DR	CITY - ST - ZIP	02/21/07--01006--013 **500.00
STREET ADDRESS	SARASOTA FL 34239		
CITY - ST - ZIP			
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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:

Michael R Hays

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-1-07

Date

941-376-1826

Daytime Phone #

STAPLE CHECK HERE