


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A96000001739					
1. Entity Name L. P. HAGAN, JR. FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 108 EAST CENTRAL BLVD. ORLANDO FL 32801			Mailing Address 921 ASHINGTON PLACE ORLANDO FL 32804		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 1302 BELLEAIR CIRCLE Suite, Apt. #, etc.		
City & State ORLANDO FL			City & State ORLANDO FL		
Zip 32804		Country ORANGE		4. FEI Number 59-3258931	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

FILED

2005 JUL -1 P 2:06

SECRETARY OF STATE



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent MCEWAN, JOHN S II 108 EAST CENTRAL BLVD. ORLANDO FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$1,639,440.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	CITY-ST-ZIP	
	HAGAN, L P JR.	921 ASHINGTON PLACE	ORLANDO FL 32804	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	JOHN B. H.	1302 BELLEAIR CIRCLE	ORLANDO FL 32804	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	MCEWAN, J. H.	108 EAST CENTRAL BLVD.	ORLANDO FL 32801	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-15-05 907 422 8500
Date Daytime Phone #

STAPLE CHECK HERE