


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 25, 2006 08:00 AM
Secretary of State

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 1302 BELLEAIRE CIRCLE ORLANDO FL 32804
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCEWAN, JOHN S II 108 EAST CENTRAL BLVD. ORLANDO FL 32801		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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	JONES, BARBARA H	STREET ADDRESS	
NAME	1302 BELLEAIRE CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO FL 32804		
CITY-ST-ZIP			
DOCUMENT #	MCEWAN, LINDA H	STREET ADDRESS	
NAME	1905 BISCAYNE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO FL 32804		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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STAPLE CHECK HERE

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: Barbara H. Jones **Barbara H. Jones**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4-20-06 Daytime Phone # 407 422-350