

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # A96000001739 1. Entity Name L. P. HAGAN, JR. FAMILY LIMITED PARTNERSHIP	
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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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E003 (10/07)

4. FEI Number 59-3258931	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCEWAN, JOHN S II 108 EAST CENTRAL BLVD. ORLANDO FL 32801	
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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 _____
\$ sign required or printed name of registered agent and date if applicable

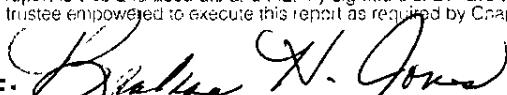
FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	JONES, BARBARA H	CITY-ST-ZIP	000000901576
STREET ADDRESS	1302 BELLEAIRE CIRCLE		04/29/08-80074-005 500.00
CITY-ST-ZIP	ORLANDO FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME	MCEWAN, LINDA H	CITY-ST-ZIP	
STREET ADDRESS	1905 BISCAYNE DRIVE		
CITY-ST-ZIP	ORLANDO FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  **4-10-08 407 422-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Printing Phone #