

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 9:28

DOCUMENT # A97000000043

1. Entity Name
THE HAYES FAMILY LIMITED PARTNERSHIP OF
SARASOTA



Principal Place of Business
7442 ROEBELENII COURT
SARASOTA, FL 34241

Mailing Address
7442 ROEBELENII COURT
SARASOTA, FL 34241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0795526

Applied For
Not Applicable

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

HAYES, MICHAEL J
7442 ROEBELENII COURT
SARASOTA, FL 34241

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

9. Capital Contributions
as Shown on record. \$2,000,000.00

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

DOCUMENT #
NAME MICHAEL J. HAYES, TRUSTEE, MARY E. HAYES
STREET ADDRESS IRREVOCABLE TRUST, 7442 ROEBELENII CT.
CITY-ST-ZIP SARASOTA, FL 34241

DOCUMENT #

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

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500049556005

03/31/05 01007 010 **526.25

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:

Michael J. Hayes MICHAEL J. HAYES

Date

3-16-05 9419226339

Daytime Phone #

STAPLE CHECK HERE