

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 31, 2007 08:00 A
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07232007

Chg-LP

CR2E003 (12/06)

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

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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
**MICHAEL J. HAYES, TRUSTEE, MARY E. HAYES
IRREVOCABLE TRUST, 7442 ROEBELENII CT.
SARASOTA, FL 34241**

STREET ADDRESS

CITY-ST-ZIP

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000000773184
09/31/07-80004-008 500.00

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 J. Hayes **MICHAEL J. HAYES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/25/07

Date

941 922 6339

Daytime Phone #

STAPLE CHECK HERE