

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000416**

1. Entity Name  
**HECHTMAN FAMILY INVESTMENT COMPANY, LTD.**



Principal Place of Business  
**4650 SEXTANT CIRCLE  
BOYNTON BEACH, FL 33436**

Mailing Address  
**4650 SEXTANT CIRCLE  
BOYNTON BEACH, FL 33436**



04132007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-6230973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HECHTMAN, WILLIAM  
4650 SEXTANT CIRCLE  
BOYNTON BEACH, FL 33436**

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2007, Fee will be \$900.00**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**HECHTMAN, WILLIAM TRUSTEE  
4650 SEXTANT CIRCLE  
BOYNTON BEACH, FL 33436**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HECHTMAN, ELAINE TRUSTEE  
4650 SEXTANT CIRCLE  
BOYNTON BEACH, FL 33436**

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000000712907  
04/26/07-80066-024 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William Hechtman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/13/07

Date

561.3693925

Daytime Phone #

STAPLE CHECK HERE