


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

<b>DOCUMENT # A97000000418</b> 1. Entity Name <b>HECHTMAN FAMILY INVESTMENT COMPANY, LTD.</b>	
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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 14 AM 11:23

Principal Place of Business <b>4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436</b>	Mailing Address <b>4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436</b>
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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

1st MOORE CR2E003 (10/07)

4. FEI Number <b>65-6230973</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HECHTMAN, WILLIAM 4650 SEXTANT CIRCLE BOYNTON BEACH FL 33436</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 date of application.

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

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 3/3/08  
 Drawing: Phone: \*

STAPLE CHECK HERE