


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:34

DOCUMENT # A97000000725					
1. Entity Name HADDEN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 201 S Narcissus Ave Apt 603 West Palm Bch, FL 33401			Mailing Address 201 S Narcissus Ave Apt 603 West Palm Bch, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0740567	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Mr. William B. Hadden 201 S Narcissus Ave Apt 603 West Palm Bch, FL 33401				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 <u>William B. Hadden</u> DATE <u>April 20, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$40,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,789,366			
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. ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	HADDEN, WILLIAM B			Mr. William B. Hadden	
STREET ADDRESS	4400 BREAKERS WEST BOULEVARD			201 S Narcissus Ave Apt 603	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			West Palm Bch, FL 33401	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	HADDEN, LOUISE F			Louise Hadden	
STREET ADDRESS	1488 BREAKERS WEST BOULEVARD			Apt. 603	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			201 S Narcissus Ave.	
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CITY-ST-ZIP					
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: <u>William B. Hadden</u>				DATE: <u>April 20, 2005</u> 561 833-0065	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE