2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
06 MAY -1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A97000000725

1. Entity Name
HADDEN FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
~~1488 BREAKERS WEST BOULEVARD~~ WEST PALM BEACH, FL 33401	~~1488 BREAKERS WEST BOULEVARD~~ WEST PALM BEACH, FL 33401

03272006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
201 South Narcissus, #603		201 South Narcissus, #603	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: West Palm Beach, Florida		City & State: West Palm Beach, Florida	
Zip: 33401	Country: USA	Zip: 33401	Country: USA

4. FEI Number: 65-0740567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HADDEN, WILLIAM B
1488 BREAKERS WEST BOULEVARD
WEST PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 201 South Narcissus, #603
City: West Palm Beach **FL** Zip Code: 33401

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] William B. Hadden 03/27/2006
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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	13.	ADDRESS CHANGES ONLY
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	HADDEN, WILLIAM B 201 S NARCISSUS AVE., APT. 603 WEST PALM BEACH, FL 33401	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	HADDEN, LOUISE APT. 603, 201 S NARCISSUS AVE. WEST PALM BEACH, FL 33401	STREET ADDRESS CITY-ST-ZIP	400007469741 4 05/17/06--01004--018 **500.00
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STAPLE CHECK HERE

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] William B. Hadden 03/27/2006 561-833-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #