


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:01

DOCUMENT # A97000000993		
1. Entity Name RHONDA G. HOGAN FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 2901 VILLA ROSA PARK TAMPA, FL 33611	Mailing Address 2901 VILLA ROSA PARK TAMPA, FL 33611
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2. Principal Place of Business - No P.O. Box # 2904 W. Lawn Ave	3. Mailing Address 2904 W. Lawn Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip 33611	Country U.S.A.



02212008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3445049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOGAN, RHONDA G 2901 VILLA ROSA PARK TAMPA, FL 33611	7. Name and Address of New Registered Agent Name: Hogan, Rhonda G. Street Address (P.O. Box Number is Not Acceptable) 2904 W. Lawn Ave City: Tampa FL Zip Code: 33611
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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 title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

700122542267  
 04/08/08--01005--015 \*\*500.00

**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	L03000011622 RHONDA G. HOGAN, LLC 2901 VILLA ROSA PARK TAMPA, FL 33611	STREET ADDRESS CITY-ST-ZIP	2904 W. Lawn Ave. Tampa, FL 33611
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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:**  **3/23/08 (813) 334-6845**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE