

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000001044

1. Entity Name
HOSTETTER FAMILY PARTNERSHIP, LTD.



Principal Place of Business
1747 W. DEL WEBB BLVD
SUN CITY CENTER, FL 33573

Mailing Address
% CHARLES T. HOSTETTER
1747 W. DEL WEBB BLVD
SUN CITY CENTER, FL 33573

FILED

2007 MAR 23 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-7094063

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOSTETTER, CHARLES T
1747 W. DEL WEBB BLVD
SUN CITY CENTER, FL 33573

**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
HOSTETTER, ROBERT R
304 BERNICE AVENUE
ROME CITY, IN 46784

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
YOUNG, CAROL A
3803 S.W. ORCHARD STREET
SEATTLE, WA 98126

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

400095215984
03/29/07--01017--023 **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:

Carol Young CAROL YOUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/07

Date

206-938-5998

Daytime Phone #

STAPLE CHECK HERE