

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 10 AM 10:38

DOCUMENT # A97000001540

1. Entity Name  
HAKIM ONE FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
1210 US HWY 19, SUITE 4  
HOLIDAY, FL 34690

Mailing Address  
1210 US HWY 19, SUITE 4  
HOLIDAY, FL 34690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3459824

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAKIM, JEAN  
34350 U.S. HIGHWAY 19 N.  
PALM HARBOR, FL 34684

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$8,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 HAKIM, JEAN  
STREET ADDRESS 1975 EXECUTIVE DRIVE  
CITY-ST-ZIP PALM HARBOR, FL 34685

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME HAKIM, GILBERT  
STREET ADDRESS 1062 POINT SEA SIDE  
CITY-ST-ZIP CRYSTAL BEACH, FL 34681

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/05

Date

Facsimile Phone #

STAPLE CHECK HERE