


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

**FILED  
Jan 22, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # A97000002506**  
1. Entity Name  
**THE HESSEL FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**13687 DEERING BAY DRIVE  
CORAL GABLES, FL 33158**

Mailing Address  
**% GELBER & COMPANY  
11450 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0794078</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HESSEL, FRANK J  
13687 DEERING BAY DRIVE  
CORAL GABLES, FL 33158**

**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 \_\_\_\_\_ 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**

000000791668  
01/23/08-80085-010 500.00

**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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>HESSEL, FRANK J 13687 DEERING BAY DRIVE CORAL GABLES, FL 33158</b>
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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:**  **1.15.08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE