


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

<b>DOCUMENT # A97000002551</b> 1. Entity Name <b>HAUFLER BROTHERS, LTD.</b>	
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FILED  
 07 JUN 13 AM 9:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 3700 N.W. 91ST STREET, A-100 GAINESVILLE, FL 32606	Mailing Address 3700 N.W. 91ST STREET, A-100 GAINESVILLE, FL 32606
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2. Principal Place of Business - No P.O. Box # <b>3500 NW 97 Blvd</b>	3. Mailing Address <b>3500 NW 97 Blvd.</b>
Suite, Apt. #, etc. <b>A</b>	Suite, Apt. #, etc. <b>A</b>

06012007 Chg-LP CR2E003 (12/06)

City & State <b>Gainesville, Florida</b>	City & State <b>Gainesville, Florida</b>
Zip <b>32606</b>	Zip <b>32606</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-1246941</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent SONTAG, SANDRA H 3700 N.W. 91ST STREET, A-100 GAINESVILLE, FL 32606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 #	P95000074667	STREET ADDRESS	
NAME	THIRTY-NINTH AVENUE, INC.	CITY-ST-ZIP	
STREET ADDRESS	3700 N.W. 91ST STREET, A-100		
CITY-ST-ZIP	GAINESVILLE, FL 32606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: Oscar E. Haufler Oscar E. Haufler, Pres. 6/1/07 352-331-3390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #