

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # A98000000691

1. Entity Name
EHRHART LIMITED PARTNERSHIP



Principal Place of Business
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

Mailing Address
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

DO NOT WRITE IN THIS SPACE



03072007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0821159

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTLEY, MICHAEL T
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

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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
N. JEAN TRAMMELL, TRUSTEE
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
JEAN R. EHRHART, TRUSTEE
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
MICHAEL T. HARTLEY, TRUSTEE
101 WEST VENICE AVENUE, SUITE 10
VENICE, FL 34285

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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000000680509
04/04/07-80001-014 500.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE