

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

**FILED**  
**Mar 10, 2008 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**



01152008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
<b>65-0821159</b>	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**

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

**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, 2008, 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  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000854303  
03/27/08-80002-014 500.00

**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:**

*Michael T. Hartley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/08 941-485-8220  
Date Daytime Phone #