


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001290			
1. Entity Name HAAS FAMILY LIMITED PARTNERSHIP			
Principal Place of Business P.O. BOX 1817 BOCA GRANDE FL 33921		Mailing Address P.O. BOX 1817 BOCA GRANDE FL 33921	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent EMERICH, GUY S ESQ. 115 WEST OLYMPIA AVE. PUNTA GORDA FL 33950			
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	



1st MOORE CR2E003 (10/05)
4. FEI Number **59-3514678** ☐ Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
7. Name and Address of New Registered Agent

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	STREET ADDRESS	
NAME	HAAS, JAMES E	CITY - ST - ZIP	
STREET ADDRESS	745 BEACH VIEW DRIVE		
CITY - ST - ZIP	BOCA GRANDE FL 33921		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HAAS, HELEN A	CITY - ST - ZIP	
STREET ADDRESS	745 BEACH VIEW DRIVE		
CITY - ST - ZIP	BOCA GRANDE FL 33921		
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STREET ADDRESS			
CITY - ST - ZIP			

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02/18/06-80035-001 500.00

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: *James E Haas* **JAMES E. HAAS** **JAN 30 2006**