

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 29, 2007 08:00 A
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**

DO NOT WRITE IN THIS SPACE



03262007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3514678

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EMERICH, GUY S ESQ.
115 WEST OLYMPIA AVE.
PUNTA GORDA, FL 33950**

**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, 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
**HAAS, JAMES E
745 BEACH VIEW DRIVE
BOCA GRANDE, FL 33921**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000682980
04/05/07-80024-014 500.00

**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: *James E Haas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES E HAAS

MARCH 26 2007

Date

Daytime Phone #

STAPLE CHECK HERE