2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000001290

1. Entity Name

HAAS FAMILY LIMITED PARTNERSHIP

FILED Jan 09, 2008 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 1817

BOCA GRANDE, FL 33921

Mailing Address

P.O. BOX 1817

BOCA GRANDE, FL 33921



01062008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3514678

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulard

6. Name and Address of Current Registered Agent

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

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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. 	am familiar with, and accept
	the obligations of registered agent.	

SIGNATUR

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE 18 \$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.

NOTE: General Faturers with NOT be changed on the		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #		
NAME	HAAS, JAMES E	
STREET ADDRESS	745 BEACH VIEW DRIVE	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
D0CUMENT ≠		
NAME	HAAS, HELEN A	
STREET ADDRESS	745 BEACH VIEW DRIVE	
CITY-ST-ZIP	BOCA GRANDE, FL 33921	
DOCUMENT #		
NAME		
STREET ADORESS		
CITY-ST-ZIP		
DOCUMENT#		

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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

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

MISCHALLE HARD TAMES E

JAMES E. HAAS

JAN7 2008

Daytime Phone #