
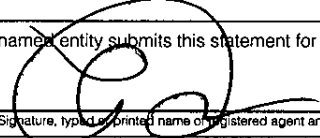
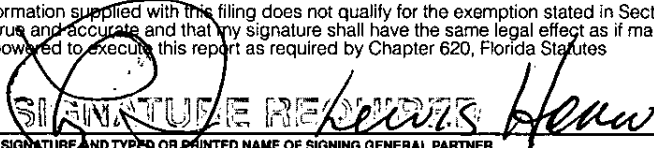


2001 UNIFORM BUSINESS REPORT (UBR)

0014303 AF

DOCUMENT # A98000001932				FILED 01 JUL -2 AM 8:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE			
1. Entity Name THE HANAN FAMILY LIMITED PARTNERHIP							
Principal Place of Business 690 FREELING DRIVE SARASOTA FL 34242		Mailing Address 690 FREELING DRIVE SARASOTA FL 34242					
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0857653			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HANAN, LEWIS 690 FREELING DRIVE SARASOTA FL 34242			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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.							
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 6/26/01							
9. Capital Contributions as Shown on record. \$414,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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				
	HANAN, LEWIS		CITY-ST-ZIP	900004474599--1 -07/13/01--01050--023 ***926.25 ***926.25			
	690 FREELING DRIVE						
	SARASOTA FL 34242						
DOCUMENT #	NAME		STREET ADDRESS				
	HANAN, SANDRA C		CITY-ST-ZIP				
	690 FREELING DRIVE						
	SARASOTA FL 34242						
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				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Sandra C Hanan		Date 6/26/01 Daytime Phone # 941/366619			

CR2E003 (11/00)