


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Apr 19, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A98000001932</b>	
1. Entity Name <b>THE HANAN FAMILY LIMITED PARTNERHIP</b>	

Principal Place of Business <b>690 FREELING DRIVE SARASOTA, FL 34242</b>	Mailing Address <b>690 FREELING DRIVE SARASOTA, FL 34242</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03302004	Chg-LP	CR2E003 (10/03)
4. FEI Number <b>65-0857653</b>	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>HANAN, LEWIS 690 FREELING DRIVE SARASOTA, FL 34242</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$414,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	HANAN, LEWIS	STREET ADDRESS	
NAME	690 FREELING DRIVE	CITY - ST - ZIP	
STREET ADDRESS	SARASOTA, FL 34242		
CITY - ST - ZIP			000000131091
DOCUMENT #	HANAN, SANDRA C	STREET ADDRESS	04/27/04-80002-007 535,25
NAME	690 FREELING DRIVE	CITY - ST - ZIP	
STREET ADDRESS	SARASOTA, FL 34242		
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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:**  **4/15/04** **9413666666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #