
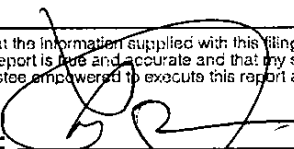


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 AUG 18 AM 10:34

DOCUMENT # A9800001932			
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
07282005		Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0857653		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$414,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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			
DOCUMENT #	HANAN, SANDRA C	STREET ADDRESS	
NAME	690 FREELING DRIVE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34242		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: 		Date: 7/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

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