


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 14, 2007**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 18 PM 2:07

<b>DOCUMENT # A98000001932</b>	
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
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**DO NOT WRITE IN THIS SPACE**



07102007 No Chg-LP CR2E003 (12/06)

4. FEI Number 35-0837353	Applied For Not Applicable
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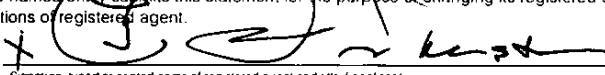
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANAN, LEWIS  
690 FREELING DRIVE  
SARASOTA, FL 34242

**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  DATE 7-10-07

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

**FILE NOW!!! FEE IS \$500.00  
Due by September 14, 2007**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HANAN, LEWIS 690 FREELING DRIVE SARASOTA, FL 34242
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HANAN, SANDRA C 690 FREELING DRIVE SARASOTA, FL 34242
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07/20/07--01032--013 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_