

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001932**

**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**



**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-LP

CR2E003 (12/06)

**4. FEI Number**  
**65-0857653**

**Applied For**  
**Not Applicable**

**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**

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

U000000792831

01/24/08-80024-015 508.75

**FILE NOW!!! FEE IS \$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.**

**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**

**DOCUMENT #**  
**NAME**  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-16-08 (941)366-6161

DO NOT WRITE

STAPLE CHECK HERE