


**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      Mailing Address

**690 FREELING DRIVE**      **690 FREELING DRIVE**  
**SARASOTA, FL 34242**      **SARASOTA, FL 34242**



**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>65-0857653</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ **U00000792831**  
Signature, typed or printed name of registered agent and title if applicable.      **01/24/08-80024-015-508.75**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

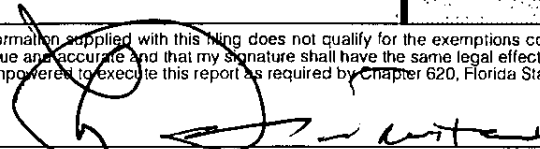
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>HANAN, LEWIS</b> <b>690 FREELING DRIVE</b> <b>SARASOTA, FL 34242</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>HANAN, SANDRA C</b> <b>690 FREELING DRIVE</b> <b>SARASOTA, FL 34242</b>
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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**       **1-16-08 (941)366-6161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE