

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001932 #3367-1



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003	
4. FEI Number 65-0857653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HANAN, LEWIS
690 FREELING DRIVE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$414,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	HANAN, LEWIS
NAME	690 FREELING DRIVE
STREET ADDRESS	SARASOTA FL 34242
CITY-ST-ZIP	
DOCUMENT #	HANAN, SANDRA C
NAME	690 FREELING DRIVE
STREET ADDRESS	SARASOTA FL 34242
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600014560726
CITY-ST-ZIP	03/25/03--01001--010 **437.50
STREET ADDRESS	600014560726
CITY-ST-ZIP	03/25/03--01001--011 **38.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	M THOMAS
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: SIGNATURE REBENTENI *[Signature]* **2/17/03** **941 366 6161**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (10/02)