


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002016		
1. Entity Name HATLEY TANNER PARTNERSHIP, LTD.		

Principal Place of Business 2602 WINDSOR HILL DR. WINDERMERE FL 34786	Mailing Address 2602 WINDSOR HILL DR. WINDERMERE FL 34786
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

4. FEI Number 59-3528668	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 HATLEY, WANDA L 2602 WINDSOR HILL DR. WINDERMERE FL 34786

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 **04/26/06-80037-003 500.00**

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	HATLEY, JAMES R TRUSTEE	STREET ADDRESS	
NAME	2602 WINDSOR HILL DR.	CITY-ST-ZIP	
STREET ADDRESS	WINDERMERE FL 34786		
CITY-ST-ZIP			
DOCUMENT #	HATLEY, WANDA L TRUSTEE	STREET ADDRESS	
NAME	2602 WINDSOR HILL DR.	CITY-ST-ZIP	
STREET ADDRESS	WINDERMERE FL 34786		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Wanda L. Hatley (Wanda L. Hatley) **04/07/06** **407-299-3403**