

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000002248

1. Entity Name
THE HAGGARD FAMILY LIMITED PARTNERSHIP



Principal Place of Business
330 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Mailing Address
330 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04172007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0864750

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAGGARD, WILLIAM A ESQ.
330 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	330 ALHAMBRA CIRCLE
NAME	HAGGARD, MARJORIE T TRUSTEE	CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
STREET ADDRESS	4301 SANTA MARIA STREET		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	000104434970
NAME	HAGGARD, WILLIAM A	CITY-ST-ZIP	06/15/07--01080--015 **500.00
STREET ADDRESS	330 ALHAMBRA CIRCLE		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	6036 FALCONBRIDGE PLACE
NAME	HOLDRAFT, PATRICIA H	CITY-ST-ZIP	MOUNT DORA, FL 32757
STREET ADDRESS	6501 S.W. 106TH STREET		
CITY-ST-ZIP	MIAMI, FL 33156		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 *WM. Andrew Haggard* **WM. ANDREW HAGGARD** **4/17/07** **(305) 446-5700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE