



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002829 1. Entity Name THE HANSEN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2009 CALUSA LAKES BLVD NOKOMIS, FL 34274			Mailing Address 2009 CALUSA LAKES BLVD NOKOMIS, FL 34274		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HANSEN, JACK D 2009 CALUSA LAKES BLVD NOKOMIS, FL 34274			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$15,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 # NAME STREET ADDRESS CITY-ST-ZIP	HANSEN, JACK D 2009 CALUSA LAKE BLVD NOKOMIS, FL 34274		STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; transform: rotate(-15deg); display: inline-block;">}</div> <div style="margin-left: 10px;"> Check # 1096 , 526.25 11/6/05 </div>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HANSEN, JEAN C 2009 CALUSA LAKE BLVD NOKOMIS, FL 34274		STREET ADDRESS CITY-ST-ZIP		
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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: 			11/6/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		
			941-485-2067		
			<small>Daytime Phone #</small>		

STAPLE CHECK HERE