

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

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**

DO NOT WRITE IN THIS SPACE



05152006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0883634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANSEN, JACK D
2009 CALUSA LAKES BLVD
NOKOMIS, FL 34274**

**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

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

DATE

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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	HANSEN, JACK D
STREET ADDRESS	2009 CALUSA LAKE BLVD
CITY-ST-ZIP	NOKOMIS, FL 34274
DOCUMENT #	
NAME	HANSEN, JEAN C
STREET ADDRESS	2009 CALUSA LAKE BLVD
CITY-ST-ZIP	NOKOMIS, FL 34274
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000584995
05/20/06-80102-001 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/06

Date

941-485-2067

Daytime Phone #

STAPLE CHECK HERE

FILED
*Form was not mailed
May 17, 2006 08:00 A
to me, Secretary of State
Internet to get form.
Please mail next year*