2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000002829

1. Entity Name

THE HANSEN FAMILY LIMITED PARTNERSHIP



FILED Feb 15, 2008 08:00 AM Secretary of State

Principal Place of Business

2009 CALUSA LAKES BLVD NOKOMIS, FL 34274 Mailing Address

2009 CALUSA LAKES BLVD NOKOMIS, FL 34274



01102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
65-0883634		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Red	Additional quired

6. Name and Address of Current Registered Agent

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

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	e named entity submits this statement for the purpose of changing it fions of registered agent.	ts registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable.		DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$90	00.00	
	A GENERAL PARTNER THAT IS A BUSINESS E NOTE: General Partners MAY NOT be changed on	NTITY MUST BE REGISTERED AND AC the form; an amendment must be filed	TIVE WITH THIS OFFICE. 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 #

U00000830141 02/26/08-80071-020 500.00

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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:

STREET ADDRESS CITY-ST-7IP

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/08 941-485-2067