## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## **DOCUMENT # A99000001205**

1. Entity Name

JANÉ C. HALL FAMILY LIMITED PARTNERSHIP



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

103 COUTH DAVOTA AVE

1103 SOUTH DAKOTA AVE. TAMPA, FL 33606 Mailing Address

1103 SOUTH DAKOTA AVE. TAMPA, FL 33606



04032007 No Chg-LP

CR2E003 (12/06)

<ol><li>FEI Number</li></ol>
59-3590590

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, DAVID R III 1103 SOUTH DAKOTA AVE. TAMPA, FL 33606 DO NOT WRITE
IN THIS SPACE

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	named entity submits this statement for the purpose of changing tions of registered agent.	its registered office or registered agent, or both	h, 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 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		,	
DOCUMENT#	P99000063507	The state of the s	and the second second second second second	
NAME	JCHW, INC.			
STREET ADDRESS	1103 SOUTH DAKOTA AVE.	60 - 60 - 60 - 60 - 60 - 60 - 60 - 60 -	HOOOGO73\$087	
CITY_ST_7ID	TAMPA EL 22000		- HANAGA735087	

NAME
STREET ADDRESS
CITY-ST-ZIP
TAMPA, FL 33606

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME

05/10/07-80019-017 500.0

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:

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BI

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