

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 19 AM 9:38

DOCUMENT # A99000001282 1. Entity Name HALE FAMILY 1999 LIMITED PARTNERSHIP					
Principal Place of Business 9250 US ROUTE 1 WABASSO, FL 32970		Mailing Address C/O SUSAN B. HALE P.O. BOX 700217 WABASSO, FL 32970			
2. Principal Place of Business - No P.O. Box # 8965 PALM BREEZE TERRACE		3. Mailing Address P.O. BOX 700247			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VERO BEACH, FL		City & State WABASSO, FL			
Zip 32963		Country U.S.		4. FEI Number 65-0944141	
Zip 32970		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, SUSAN 9255 US HWY #1 WABASSO, FL 32970				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8965 PALM BREEZE TERRACE City VERO BEACH, FL Zip Code 32963	
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 <u><i>Susan B. Hale</i></u> 1-10-07 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P99000056301			STREET ADDRESS	P.O. BOX 700247
NAME	M&S HALE, INC.			CITY-ST-ZIP	WABASSO, FL 32970
STREET ADDRESS	P.O. BOX 700217			STREET ADDRESS	
CITY-ST-ZIP	WABASSO, FL 32970			CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u><i>Susan B. Hale</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				SUSAN B. HALE 1/10/07 (772) 231-9519 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE