


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A99000001342 1. Entity Name HANSEL PLAZA, LTD.	
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Principal Place of Business P.O. BOX 533911 ORLANDO, FL 32853-3911 US	Mailing Address P.O. BOX 533911 ORLANDO, FL 32853-3911 US
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3593702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANSEL, THOMAS W
718 GARDEN PLAZA
ORLANDO, FL 32803-4212**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	P99000072553
NAME	HANSEL PLAZA, INC.
STREET ADDRESS	P.O. BOX 533911
CITY-ST-ZIP	ORLANDO, FL 328533911
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000839245
03/05/08-80062-018 500.00

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: Thomas W Hansel Thomas W Hansel 2/21/08 407.539.2066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE