


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 28 PM 2: 57

DOCUMENT # B07000000064 1. Entity Name HALE LIMITED PARTNERSHIP	
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Principal Place of Business 2351 N. DIXIE HIGHWAY POMPANO BEACH FL 33060	Mailing Address 2351 N. DIXIE HIGHWAY POMPANO BEACH FL 33060
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3427309	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALE, H. GARRETT 2351 N. DIXIE HIGHWAY POMPANO BEACH FL 33060	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	HALE, H. GARRETT	CITY-ST-ZIP	
STREET ADDRESS	2351 N. DIXIE HIGHWAY		
CITY-ST-ZIP	POMPANO BEACH FL 33060		
DOCUMENT #		STREET ADDRESS	400126327054
NAME	CURTIS, ALISON H	CITY-ST-ZIP	04/28/08-01005-019 **509.75
STREET ADDRESS	1544 HEATHER GLEN ROAD		
CITY-ST-ZIP	KANNAPOLIS NC 28081		
DOCUMENT #		STREET ADDRESS	
NAME	HALE, VALERIE	CITY-ST-ZIP	
STREET ADDRESS	12227 VALLEY ROAD		
CITY-ST-ZIP	CLERMONT FL 34715		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **4-13-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone *