


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

<b>DOCUMENT # A00000000343</b> 1. Entity Name <b>HUNTINGBURG PARTNERS, LTD.</b>	
---	---

**FILED**  
 07 FEB 26 AM 9:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 2040 VIRGINIA AVE. FT. MYERS BEACH, FL 33901	Mailing Address PO BOX 308 FORT MYERS, FL 33902
--	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suito, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02142007	Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0991110	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCGEE, D. TODD 2040 VIRGINIA AVE. FT. MYERS BEACH, FL 33901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	

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.

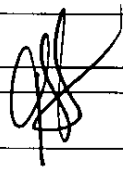
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 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 #	P00000013757
NAME	HUNTINGBURG MANAGEMENT CORPORATION
STREET ADDRESS	2040 VIRGINIA AVE.
CITY-ST-ZIP	FT. MYERS BEACH, FL 33901
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	



700089612487  
 02/27/07--01056--021 \*\*\$500.00

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:  DATE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #