


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Mar 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # A0200000604
1. Entity Name
HB VENTURE COMPANY OF LONGWOOD, LTD.



Principal Place of Business Mailing Address
840 WATERWAY PLACE 840 WATERWAY PLACE
LONGWOOD FL 32750 LONGWOOD FL 32750

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt #, etc.

City & State City & State
Zip Country Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
HB INVESTMENT COMPANY OF LONGWOOD, LLC
840 WATERWAY PLACE
LONGWOOD FL 32750

4. FEI Number Applied For
01-0676509 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$600,000.00 10. Amount of Capital Contributions in FLORIDA to date.

**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 #	L02000005395
NAME	HB INVESTMENT COMPANY OF LONGWOOD, LLC
STREET ADDRESS	840 WATERWAY PLACE
CITY-ST-ZIP	LONGWOOD FL 32750
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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CITY-ST-ZIP	

U00000267463
03/18/05-80001-004 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 681, Florida Statutes.

SIGNATURE: _____ **3-11-05** **407-831-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #