

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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



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



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E003 (10/05)
4. FEI Number: 01-0676509 Applied For Not Applicable

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

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

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.
110000448322
03/03/06-80008-024 500.00

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #	L02000005395	STREET ADDRESS	
NAME	HB INVESTMENT COMPANY OF LONGWOOD, LLC	CITY-ST-ZIP	
STREET ADDRESS	840 WATERWAY PLACE		
CITY-ST-ZIP	LONGWOOD FL 32750		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: *J.M. NATTAWAY 2/24/06 407-831-750*