


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:00

DOCUMENT # A0200000785

1. Entity Name
 HOME STONE LIMITED PARTNERSHIP



Principal Place of Business
 2529 DE MAR PLACE
 FT LAUDERDALE, FL 33301

Mailing Address
 2665 SOUTH BAYSHORE DRIVE, SUITE 703
 MIAMI, FL 33014



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

3. Mailing Address
 2665 S. Bayshore Drive
 Suite 703
 Miami, FL
 Zip Country
 33133 USA

04212008 Chg-LP CR2E003 (12/06)

4. FEI Number
 02-0613187

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 POLANSKY, MITCHELL S
 2665 SOUTH BAYSHORE DRIVE, SUITE 703
 MIAMI, FL 33133

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 \$500.00
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L02000012679 HOME VISION MANAGEMENT LLC 2529 DE MAR PLACE FT LAUDERDALE, FL 33301	STREET ADDRESS CITY-ST-ZIP	300129220653 05/13/08--01029--003 **1493.75
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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

Mitchell S. Polansky 4/29/08 (305) 858-9900

SIGNATURE: _____ **DATE:** _____ **DAYTIME PHONE #:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER