2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 02, 2006 08:00 AN Secretary of State

DOCUMENT # A0500000558 1. Entity Name AMELIA RIVER-JACKSONVILLE LIMITED PARTNERSHIP						Se	cretar	y of State
Principal Place of Business C/O HEARTHSTONE, INC. 16133 VENTURA BLVD., SUITE 1400 ENCINO, CA 91436		Mailing Address C/O HEARTHSTONE, INC. 16133 VENTURA BLVD., SUITE 1400 ENCINO, CA 91436						
2. Principal Place of Business 3. M		3. Mailing Address	. Mailing Address					
Suite, Apt #, etc		Suite, Apt. #, etc.		04212006	Chg-LP	CR2E003	(11/05)	
City & State		City & State		4. FEI Number			Applied For Not Applicable	
Zip	Country	Zip	Count	try	5. Certificate of	Status Desired		3.75 Additional
**	6. Name and Address of Gurren	t Registered Agent	1	Name	7. Name and A	ddress of New R		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				Street Address (P.O. Box Number is Not Acceptable)				
WESTON,	FL 33331	•						
				City			FL	Zip Code
	named entity submits this statement ions of registered agent.	or the purpose of changing is	its registere	ed office or register	red agent, or both,	in the State of Flo	orida. I am fam	iliar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable.		<u>-</u>	<u> </u>		DATE	
	- FILE NO	W!!! FEE IS \$500.00 2006, Fee will be \$90	00.00					
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS E	NTITY M	UST BE REGIST	TERED AND AC	TIVE WITH TH	IIS OFFICE.	er.
12.	GENERAL PARTNE		13.	, an amendmen	it mast be mod	ADDRESS CH		
DOCUMENT # NAME	L04000052070 FL HHPII GP, L.C.		STRE	ET ADDRESS				
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14. I hereby indicated or the rec	certify that the information supplied w on this report is true and accurate an seiver or trustee empowered to execut	ith this filing does not qualify d that my signature shall hav e this report as required by C	y for the ex re the same Chapter 620	temptions containe e legal effect as it n 0, Florida Statules	ed in Chapter 119, nade under oath; I	Florida Statutes. that I am a Sene	I further certify fal Partner of th	that the information e limited partnership
SIGNAT	URE: Mark A. Pora	th CFO/EVP	W_{l_0}	nt You		04/21/06	5 (8	18)385 <u>-</u> 0005