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

STAPLE CLECK HERE

SIGNATURE:

	DOEBIM	A1 1, 2000				
DOCUMENT # A31270 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS	
THE HOUR GLASS OF ALBANY, LTD.					06 APR 24 AM 10: 24	
Principal Place of Business Mailing Address						
1480 TIMBERLANE ROAD TALLAHASSEE FL 32312		1480 TIMBERLANE ROAD TALLAHASSEE FL 32312				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E003 (10/05)	
City & State		City & State			4. FEI Number	
Zip 	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
OTEDUENIC IANGE A				Name	·	
STEPHENS, JAMES A. 1415 TIMBERLANE ROAD TALLAHASSEE FL 32312				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
	named entity submits this statement for obligations of registered agent.	or the purpose of changing i	ts registe	ered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						
FILE NO	W!!! Fee is \$500. *** After	May 1, 2006, fee wi	II be \$	900. ***	Make check payable to Florida Department of State.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUS NOTE: General Partners MAY NOT be changed on the form; a				UST BE REC	GISTERED AND ACTIVE WITH THIS OFFICE.	
12. GENERAL PARTNER INFORMATION 1:				i, an amenu	ADDRESS CHANGES ONLY	
DOCUMENT /	K07801		CTDI	ET ADDRESS		
NAME STREET ADDRESS	HOUR GLASS MGMT., INC.		3100	ELI ADUNESS	1480 Timberlane Road	
CITY-ST-ZIP	TALLAHASSEE FL		CITY	-ST-ZIP	Tallahassee, FL. 32312-1713	
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT / NAME			STR	EET ADURESS	V-V-10-10-10-10-10-10-10-10-10-10-10-10-10-	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	200074081132 05/05/0601049005 **500.00	
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STREET ADDRESS CITY-ST-ZIP			CITY	- ST- ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT #			STRI	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CIFY	-ST-ZIP		
14. I hereby indicated	I certify that the information supplied with I on this report is true and accurate and server or trustee empowered to execute.	I that my signature shall have	the sam	ne legal effect a	tained in Chapter 119, Florida Statutes. I further certify that the information as if made under oath; that I am a General Partner of the limited partnership	