## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Mar 08, 2006 08:00 AM Secretary of State

Due by may 1, 2006				Secretary of State		
DOCUMENT #A97000002709  1. Entity Name HS LAND HOLDINGS, LTD.			Secreta	ary or State		
Principal Place 255 S ORAN SUITE 800 ORLANDO, F		Malling Address PO 80X 2254 ORLANDO, FL 32802-2254			LLIN BONG HEN KEDI BENJU BENJU DE TELO	
}					H   1	
DO NOT WRITE IN THIS SPACE			0E	01052008 No Chg-LP CR2E003 (11/05)		
			UE	4. FEI Number 59-3499653	Applied For Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent						
SMITH, KEVIN K 255 S. ORANGE AVENUE, SUITE 800 ORLANDO, FL 32801			DO NOT WRITE IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title if applicable.				CATE		
	FILE NOW! After May 1, 20					
{	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY N NOT be changed on the form	NUST BE REGIST n; an amendmen	ERED AND ACTIVE WITH THIS t must be filed to change a ger	OFFICE. neral partner.	
12.	GENERAL PARTNER I	NFORMATION				
DOCUMENT #	P97000063660					
NAME STREET ADDRESS	HORSH, INC. 255 S. ORANGE AVENUE, SUITE	RUU.				
CITY-ST-ZIP	ORLANDO, FL 32801	800		LjiJÜÜÜH4	<del>-</del>	
DOCUMENT #				(357 (557 th - 1)	desd-wh sign or	
NAME	}	<b>}</b>				
STREET ACORESS		1				
CITY-ST-ZIP						
DOCUMENT /						
STREET ADDRESS		1		DO NOT WR	ITF	
CITY-ST-ZIP		į				
DOCUMENT #				IN THIS SPA	CE	

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 Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

STAPLE CHECK HERE

with

WKEY Y SMITH

130/06

4078437300

Daytime Phone 8