2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000002709

HS LAND HOLDINGS, LTD.



FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

07 JAN 31 AM 9: 47

Principal Place of Business 255 S ORANGE AVENUE SUITE 800 ORLANDO, FL 32801

Mailing Address PO BOX 2254 ORLANDO, FL 32802-2254



DO NOT WRITE IN THIS SPACE

01122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3499653 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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.

900087356169

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

02/05/07--01009--006

**500.00

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.

Į	12.	GENERAL PARTNER INFORMATION
ſ	DOCUMENT #	P97000063660
1	NAME	HORSH, INC.
١	STREET ADDRESS	255 S. ORANGE AVENUE, SUITE 800
1	CITY-ST-ZIP	ORLANDO, FL 32801
	DOCUMENT /	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-S1-ZiP	
	DOCUMENT /	
	NAME	
	STREET ADDRESS	
	CITY - ST - ZiP	
	DOCUMENT #	
1	NAME	
l	STREET ADDRESS	
1	CRY-S1-ZIP	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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

SIGNATURE:

NUTED NAME OF SIGNING GENERAL PARTNER

W. Kelly Smith

1/17/07

Oate

407-843-7300

Daytime Phone #