
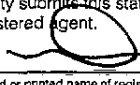
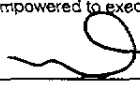


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000031					
1. Entity Name HGD ENTERPRISES LIMITED PARTNERSHIP					
Principal Place of Business 17149 ROYAL COVE WAY BOCA RATON, FL 33496			Mailing Address 17149 ROYAL COVE WAY BOCA RATON, FL 33496		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ENGELBERG, MORRIS 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021				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 <u>4/14/05</u>					
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$1,000,098.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P98000097153		STREET ADDRESS	SAME	
NAME	HGD, INC.		CITY-ST-ZIP		
STREET ADDRESS	17149 ROYAL COVE WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS	4900000233361	
CITY-ST-ZIP			CITY-ST-ZIP	04/27/05-80002-002 526.25	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE <u>4/14/05</u> DAYTIME PHONE #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0881922 Applied For Not Applicable

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

STAPLE CHECK HERE