


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027588
 1. Entity Name
 HEW PARTNERS, LLC



Principal Place of Business Mailing Address
 PO BOX 536372 PO BOX 536372
 ORLANDO, FL 32853-6372 ORLANDO, FL 32853-6372

DO NOT WRITE IN THIS SPACE



01182005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 91-2198694 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WATSON, TODD W
 1111 LAKE WELDONA DR.
 ORLANDO, FL 32806

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR WATSON, TODD W 1111 LAKE WELDONA DR. ORLANDO, FL 32806 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WOODWARD PROPERTIES 1111 LAKE WELDONA DR. ORLANDO, FL 32806 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FROST REAL ESTATE 729 N. SUMMERLIN AVE ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

000000134442
 01/25/05-80103-002 50.00

DO NOT WRITE IN THIS SPACE

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Todd W. Watson, Manager 1/17/05 (407)489-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #