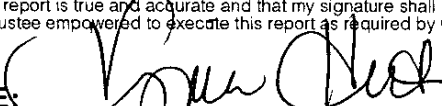


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000001019					
1. Entity Name HHUS LAND CO. LIMITED PARTNERSHIP					
Principal Place of Business 10130 BERTRAM LANE FORT MYERS FL 33912		Mailing Address 10130 BERTRAM LANE FORT MYERS FL 33912			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-1296158	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVINA, PETER J 10130 BERTRAM LANE FORT MYERS FL 33912				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$50,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.					
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 #	P04000076045			STREET ADDRESS	
NAME	HHUS LAND CO., INC.			CITY-ST-ZIP	
STREET ADDRESS	10130 BERTRAM LANE				
CITY-ST-ZIP	FORT MYERS FL 33912				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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 _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 AM 9:58

1ST MOORE CR2E003 (10/04)

11. **FILE NOW!!! Due by May 1, 2005.**
See Block 11 instructions for fee info.

800056028288
06/10/05--01045--009 **88.75
800056028288
06/10/05--01045--010 **350.00

STAPLE CHECK HERE