


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A0000000079

1. Entity Name
HUBSCHMAN, LTD.



Principal Place of Business _____ Mailing Address _____
50 DOLPHIN CIRCLE _____ 5811 PELICAN BAY BLVD., STE. 600
ISLE OF CAPRI, FL 34113 _____ NAPLES, FL 34108

| | | | |
|--------------------------------|---------------|---------------------------|---------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. _____ | | Suite, Apt. #, etc. _____ | |
| City & State _____ | | City & State _____ | |
| Zip _____ | Country _____ | Zip _____ | Country _____ |



04032005 Chg-LP CR2E003 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 59-3619507 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BANKER, P.A.
5811 PELICAN BAY BLVD., SUITE 600
NAPLES, FL 34108

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. **\$10,000,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP | P00000002581 HUBSCHMAN, INC. 50 DOLPHIN CIRCLE ISLE OF CAPRI, FL 34113 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | U00000331259 04/26/05 00007-022 526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
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STAPLE CHECK HERE

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: *Connie Hubschman* **4/7/05** **239-394-7067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CONNIE HUBSCHMAN