


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

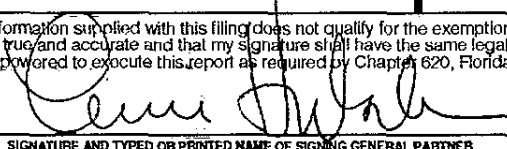
FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000079 1. Entity Name HUBSCHMAN, LTD.					
Principal Place of Business 50 DOLPHIN CIRCLE ISLE OF CAPRI, FL 34113			Mailing Address 5811 PELICAN BAY BLVD., STE. 600 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	P00000002581		STREET ADDRESS		
NAME	HUBSCHMAN, INC.		CITY - ST - ZIP		
STREET ADDRESS	50 DOLPHIN CIRCLE				
CITY - ST - ZIP	ISLE OF CAPRI, FL 34113				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					

000000331258
 04/26/05 00007-022 526.25

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CONNIE HUBSCHMAN

4/7/05 239-394-7067

Date Daytime Phone #