

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000079

Entity Name: HUBSCHMAN, LTD.

**FILED**  
**Apr 07, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

50 DOLPHIN CIRCLE  
ISLE OF CAPRI, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

5811 PELICAN BAY BLVD., STE. 600  
NAPLES, FL 34108

**New Mailing Address:**

801 LAUREL OAK DRIVE  
SUITE 640 SUN TRUST BUILDING  
NAPLES, FL 34108

FEI Number: 59-3619507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KRAUSE, ANDREW  
801 LAUREL OAK DRIVE  
SUITE 640 SUN TRUST BUILDING  
NAPLES, FL 34108 US

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.

SIGNATURE: ANDREW KRAUSE

04/07/2006

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P00000002581  
Name: HUBSCHMAN, INC.  
Address: 50 DOLPHIN CIRCLE  
City-St-Zip: ISLE OF CAPRI, FL 34113

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

04/07/2006

Electronic Signature of Signing General Partner

Date