


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A0000000079	
1. Entity Name HUBSCHMAN, LTD.	

FILED

2007 MAR 29 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 50 DOLPHIN CIRCLE ISLE OF CAPRI, FL 34113	Mailing Address 801 LAUREL OAK DRIVE SUITE 640 SUN TRUST BUILDING NAPLES, FL 34108
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02042007 Chg-LP CR2E003 (12/06)

City & State	City & State	4. FEI Number 59-3619507	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRAUSE, ANDREW J 801 LAUREL OAK DRIVE SUITE 640 SUN TRUST BUILDING NAPLES, FL 34108		Name Street Address (P.O. Box Number is Not Acceptable) 800 LAUREL OAK DRIVE SUITE 600 City NAPLES FL Zip Code 34108	

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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	000096233560 04/09/07--01006--014 **500.00
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			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/10/07 236-394-7067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #