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

DOCUMENT # A0000000079  1. Entity Name HUBSCHMAN, LTD.					FILED 2007 MAR 29 AM II: 26			
Principal Place of Business Mailing Address 50 DOLPHIN CIRCLE 801 LAUREL OAK DR ISLE OF CAPRI, FL 34113 SUITE 640 SUN TRUS NAPLES, FL 34108					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business - No P.O. Box #     Mailing Address								
Suite, Ap	st. #, etc.	Suite, Apt. #, etc.			02042007	Chg-LP	CR2E003 (12/06)	
City & State		City & State			4. FEI Number 59-3619	507	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country			f Status Desired	\$8.75 Add	ditional
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
KRAUSE, ANDREW J 80 DLAUREL OAK DRIVE SUITE ELS SEW TRISON DUIL DING NAPLES, FL 34108				Street Address (P.O. Box Number is Not Acceptable) 800 LAUKEL OAK DRIVE  S'UITE 600  City NAPLES  FL Zip Code 34108				
<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.</li></ol>						, in the State of Flor	rida. I am familiar with	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.					DATE	
	After May 1, A GENERAL PARTNER	Will FEE IS \$500.00 2007, Fee will be \$90 THAT IS A BUSINESS EI	NTITY MI					- d
12.	NOTE: General Partners N GENERAL PARTN	IAY NOT be changed on the ER INFORMATION	the form	; an amendmen	t must be filed	to change a ge ADDRESS CHA		
DOCUMENT #				STAEET ADDRESS				40
STREET ADDRESS 50 DOLPHIN CIRCLE CITY-ST-ZP ISLE OF CAPRI, FL 34113		CITY-S		-ST-ZIP				
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STREET ADDRES				-ST-ZIP			<b>7</b>	
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 securate and that missignature 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 employered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE:  Date  D								