


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| DOCUMENT # A00000000343                      |  |  |
| 1. Entity Name<br>HUNTINGBURG PARTNERS, LTD. |  |   |

|  |   |
|--|---|
| Principal Place of Business<br>2040 VIRGINIA AVE.<br>FT. MYERS BEACH, FL 33901 | Mailing Address<br>PO BOX 308<br>FORT MYERS, FL 33902 |
|--|---|



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

02042005 Chg-LP CR2E003 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0991110 | Applied For<br><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                   |  |
| MCGEE, D. TODD<br>2040 VIRGINIA AVE.<br>FT. MYERS BEACH, FL 33901 |  |

|  |          |
|--|----------|
| 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 _____ |
|-----------------|------------|

|   |   |
|---|---|
| 9. Capital Contributions as Shown on record. \$2,000,000.00 | 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 #                      | P00000013757                       | STREET ADDRESS           |                           |
| NAME                            | HUNTINGBURG MANAGEMENT CORPORATION | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  | 2040 VIRGINIA AVE.                 |                          |                           |
| CITY-ST-ZIP                     | FT. MYERS BEACH, FL 33901          |                          |                           |
| DOCUMENT #                      |                                    | STREET ADDRESS           | U000000255366             |
| NAME                            |                                    | CITY-ST-ZIP              | 03/08/05-80011-017 525.25 |
| 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                     |                                    |                          |                           |

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE

2-21-05