2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT #A00000001060

1. Entity Name
HOBBS FAMILY PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32309 US	7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32309

03072006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3658515
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOBBS, WILLIAM M
7235 OLD CHEMONIE CT.
TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

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, 2006, 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

DOCUMENT #	
NAME	HOBBS, PATRICIA M TRUSTEE
STREET ADDRESS	7235 OLD CHEMONIE CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
DOCUMENT #	
NAME	HOBBS, WILLIAM M TRUSTEE
STREET ADDRESS	7235 OLD CHEMONIE CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
DOCUMENT #	
NAME	HOBBS, WILLIAM M
STREET ADDRESS	7235 OLD CHEMONIE COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-80005-022 500.00

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: William M Hobbs 3-7-06 850-385-6183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #