2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

FILED May 06, 2006 08:00 AM Secretary of State

1. Entity Name	MENT # A0000001687 HPARTNERS, LTD.			iary or State
Principal Place of Business 2200 CENTREPARK W. DR., #100 WEST PALM BEACH, FL 33409 Mailing Address 2200 CENTRE PARK WEST DRIVE #100 WEST PALM BEACH, FL 33409				
DO NOT WRITE IN THIS SPACE			05052006 No Chg-LP 4. FEI Number 65-1050722	CR2E003 (11/05) Applied For Not Applicate
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HEDRICK, DALE 2200 CENTRE PARK WEST DRIVE, #100 WEST PALM BEACH, FL 33409			DO NOT WI	
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. 10000541669 05/10/06-8006-015 500.00				
FILE NOWIII FEE IS \$500,00 Due by September 6, 2006			In accordance the limited parties prior notice.	re with s. 607.193(2)(b), F.S., arthership did not receive the
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 flied to change a general partner.				
NAME STREET ADDRESS	GENERAL PARTNER INFORMATION P00000048683 CORNERSTONE GENERAL PARTNER, INC. 2200 CENTRE PARK WEST DRIVE, #100 WEST PALM BEACH, FL 33409			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS			DO NOT WE	

14. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chepter 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: .

CITY-ST-ZIP

COCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

05/01/06

561)689-8880