2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

₂₀ 💈 Due By May 1, 2005							FILED	- 4
DOCUMENT # A0100000692  1. Entity Name HI 5, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS  05 MAR 15 AM 9: 39			
Principal Place 467 GUAVA TITUSVILLE,	e of Business AVENUE	Mailing Address 467 GUAVA AVENUE TITUSVILLE, FL 3278	30			TIBLI (1861)   BB)(1   BB)(1   BB)(1	1 87111 88111 88114	A BANKA (SANSA NAMBAN BA KASI
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03052005	Chg-LP	CR2E00	3 (10/03)
City & State		City & State			4. FEI Number 59-3721	752		Applied For
Zip Country		Zip	p Country		5. Certificate of			8.75 Additional
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	ddress of New R		<del></del>
	GASS, HOWARD R 467 GUAVA AVENUE			Name - Street Address (P.O. Box Number is Not Acceptable)				
TITUSVILLE, FL 32780								
				City			FL	Zip Code
	named entity submits this statement	for the purpose of changing i	ts register	ed office or registe	red agent, or both	, in the State of Fig		miliar with, and accept
SIGNATURE	tions of registered agent.							
9. Capital Co	Signature, typed or printed name of registered ag-	- 1					DATE	
	on record. \$21,832.00	10. Amount of Cap in FLORIDA to		butions				
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS E	NTITY N	IUST BE REGIS n; an amendmer	TERED AND AC	TIVE WITH TH to change a ge	IS OFFICE.	ner.
12.	GENERAL PARTN	ER INFORMATION	13.			ADDRESS CHA	NGES ONLY	( <u>-</u> -
NAME STREET ADDRESS	GASS, HOWARD R 467 GUAVA AVENUE		SIR	EET ADDRESS			· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY	/-ST-ZIP			••	
DOCUMENT / NAME			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			CITY	/- ST-ZIP	20 03/22/	00488 0501078	3909	12 **241,58
DOCUMENT / NAME			STR	FET ADORESS	W-107 Ca C.J	<u> </u>		The tenton
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP		<del></del>		
DOCUMENT /			SIR	EET ADDRESS		·		<del></del>
STREET ADDRESS			CITY	r-ST-ZIP				
DOCUMENT #		<del></del>	-	EET ADDRESS				
NAME- STREET ADDRESS	<del>.</del>	• •		-ST-ZIP	<del></del>			
14. I hereby	certify that the information supplied w	rith this filing does not qualify f	for the eye	motion stated in Se	ection 119.07(3)(i).	Florida Statutes	further certif	v that the information
Indicated	on this report is true and accurate a ver or trustee empowered to execute	nd that my signature shall hav	e the sam	e legal effect as if n	nade under oath; t	hat I am a Genera	l Partner of th	ne limited partnership o
SIGNAT	URE: /LOL	- Howard	K (	<u> જ્જ્ય</u>	<b>3</b> l	14/2005		
		OR PRINTED NAME OF SIGNING GENE	RAL PARTN	ER		Date	Day	time Phone #