2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # A0100000692 1. Entity Name HI 5, LTD. Malling Address Principal Place of Business **467 GUAVA AVENUE 467 GUAVA AVENUE** TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 02062006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3721753 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GASS, HOWARD R DO NOT WRITE **467 GUAVA AVENUE** TITUSVILLE, FL 32780 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 eccept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable DATE 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME GASS, HOWARD R . STREET ADDRESS 467 GUAVA AVENUE DITY-ST-ZIP TITUSVILLE, FL 32780 U00000491413 DOCUMENT # 04/19/06-80020-022 500.00 STREET ADDRESS CITY-ST-ZIP DUCUMENT A MANTE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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: SIGNATURE LANG THE CORT NTEO NAME OF SIGNING GENERAL PARTNER

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DOCUMENT # NAME STHEET ADDRESS CITY-ST-ZIP.

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