


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|                                                        |  |                                                                                   |
|--------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A02000000604</b>                         |  |  |
| 1. Entity Name<br>HB VENTURE COMPANY OF LONGWOOD, LTD. |  |                                                                                   |

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>840 WATERWAY PLACE<br>LONGWOOD FL 32750 | Mailing Address<br>840 WATERWAY PLACE<br>LONGWOOD FL 32750 |
|------------------------------------------------------------------------|------------------------------------------------------------|

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



1ST MOORE CR2E003 (10/04)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br>01-0676509                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|                                                                                                                                          |  |                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>HB INVESTMENT COMPANY OF LONGWOOD, LLC<br>840 WATERWAY PLACE<br>LONGWOOD FL 32750 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. |                                                         | 11. FILE NOW!!! Due by May 1, 2005.<br>See Block 11 instructions for fee info. |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____                                                                                                     |                                                         |                                                                                |
| 9. Capital Contributions as Shown on record.<br>\$600,000.00                                                                                                                                                                  | 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | L02000005395<br>HB INVESTMENT COMPANY OF LONGWOOD, LLC<br>840 WATERWAY PLACE<br>LONGWOOD FL 32750 | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                   | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                   | STREET ADDRESS<br>CITY-ST-ZIP |  |

U000000267463  
03/18/05-800001-004 526.25

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 681, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **3-11-05** **407-831-7500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE