2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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SIGNATURE:

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING GENERAL PARTNER

FILED Mar 26, 2007 08:00 A Secretary of State DOCUMENT # A02000000604 HB VENTURE COMPANY OF LONGWOOD, LTD. Principal Place of Business Mailing Address 840 WATERWAY PLACE 840 WATERWAY PLACE LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 01-0676509 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name __ HB INVESTMENT COMPANY OF LONGWOOD, LLC Street Address (P.O. Box Number is Not Acceptable) 840 WATERWAY PLACE LONGWOOD FL 32750 City Zip Code 8. The above named ontity 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, typed or printed name of registered agent and title it applicable. FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY 13. 12. DOCUMENT # L02000005395 STREET ADDRESS NAME HB INVESTMENT COMPANY OF LONGWOOD, LLC STREET ADDRESS 840 WATERWAY PLACE CITY-ST-ZIP CITY+ST-ZIP LONGWOOD FL 32750 DOCUMENT# STREET ADDRESS U00000680511 04/04/07-80001-016 500.00 STREET ADDRESS CITY-ST-ZIP COY-\$1-709 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STRLET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P 14. I horeby certify that the information supplied with this filing does not querity 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 become logal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required to the content of the limited partnership or the receiver or trustee empowered to execute this report as required to the content of the limited partnership or the receiver or trustee empowered to execute this report as required to the content of the limited partnership or the receiver or trustee empowered to execute this report as required to the content of the limited partnership or the receiver or trustee empowered to execute this report as required to the content of the limited partnership or the receiver or trustee empowered to execute this report as required to the content of the limited partnership or the receiver or trustee empowered to execute this report as required to the content of the limited partnership or the receiver or trustee empowered to execute this report as required to the content of the limited partnership or the receiver of the limited partnership or the limited partnership or the receiver of the limited partnership or the recei

J.M. Hattaway 3/22/07 407-831-7500