

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:41

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A02000000689

1. Entity Name
HHR VENTURES, LLLP



Principal Place of Business
**2000 COUNTRY CLUB DR.
EUSTIS, FL 32726**

Mailing Address
**2000 COUNTRY CLUB DR.
EUSTIS, FL 32726**



02202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3689640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUFFSTETLER ROU, ANN
2000 COUNTRY CLUB DR.
EUSTIS, FL 32726**

**DO NOT WRITE
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 accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if 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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**HUFFSTETLER ROU, ANN TRUSTEE
2000 COUNTRY CLUB DR.
EUSTIS, FL 32726**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**HUFFSTETLER, LESLIE R JR. *RL*
~~4138 PINE DALE COURT~~ *10555 Raven Forest*
~~SPRING HILL, FL 34607~~ *Brookville, FL 34601***

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100075013221
05/22/06--01007--027 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Ann Huffstetler Rou *Ann Huffstetler Rou* *4/17/06* *352-483-2880*

STAPLE CHECK HERE