2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Feb 06, 2008 08:00 Al **DOCUMENT # A02000001221 Secretary of State** 1. Entity Name HB FAMILY LIMITED PARTNERSHIP, LTD Principal Place of Business Mailing Address 13691 METROPOLIS AVE. 13691 METROPOLIS AVE. FORT MYERS, FL 33912 FORT MYERS, FL 33912 01112008 No Cha-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0798846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BADIA, ANAIS A DO NOT WRITE 13691 METROPOLIS AVE. FORT MYERS, FL 33912 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. dment must be filed to change a general partner. 1000000818607 102/15/08-80050-027 500:00 GENERAL PARTNER INFORMATION 12. DOCUMENT# NAME BADIA, ANAIS A STREET ADDRESS 13691 METROPLIS AVE. CHY-SI-ZIP FT MYERS, FL 33912 DOCUMENT # NAME STREET ADDRESS C(1Y+S)+2(P) DOCUMENT 2 NAME DO NOT WRITE STREET ADDRESS CHY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CHY-S1-21P DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP

polied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership execute, his report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supindicated on this report is true and ac or the receiver or trustee empowered

SIGNATURE:

DOCUMENT # NAME. STREET ADDRESS COY-SI-ZIP

Anais A. Badia

239-561-3376

SIGNATUR AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daylime Phone #