

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 11 AM 9:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000001298

1. Entity Name
HPE ENTERPRISES, LLLP




Principal Place of Business
~~5683 HIGH FLYER ROAD SOUTH~~
~~PALM BEACH GARDENS, FL 33418~~
810 Lake Avenue
Lake Worth, FL 33460

Mailing Address
 5683 HIGH FLYER ROAD SOUTH
 PALM BEACH GARDENS, FL 33418

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02012007 Chg-LP CR2E003 (12/06)

4. FEI Number
86-1056134 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEARL, WILLIAM D
5683 HIGH FLYER ROAD SOUTH
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PEARL PROPERTIES, INC.	STREET ADDRESS	
NAME	5683 HIGH FLYER ROAD SOUTH	CITY-ST-ZIP	
STREET ADDRESS	PALM BEACH GARDENS, FL 33418		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

800095790458
04/13/07--01036--017 **500.00

STAPLE CHECK HERE

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: *Bill Pearl* **3/22/07** **(201) 691-9912**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #