2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A02000001450** H & B ADVENTURE, LTD. 05 MAY 11 AM 9: 21 Principal Place of Business Mailing Address 107 THURSTON PL P.O. BOX 667 CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 81-0576333 Not Applicable Zip Country Zip 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 HILL, RANDY 107 THURSTON PL Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW, FL 32536 City Zip Code FI the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement to the obligations of registered age SIGNATURE Signature, typy of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions .267.00 as Shown on record. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME HILL, DIANA Ł STREET ADDRESS 107 THURSTON PL CITY-ST-7IP CITY-ST-ZIP CRESTVIEW, FL 32536 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # 500055985735 06/09/05--01074--014 **160.62 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME **STREET ADDRESS** CITY-ST-ZIP CITY-ST-ZIP 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 620, Florida Statutes

Daytime Phone #