## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A02470

1. Entity Name HOBEAU FARM, LTD.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

P.O. BOX 70 OCALA, FL 34478

DOERR, FRED L 2347 S.E. 17TH STREET

OCALA, FL

Mailing Address P.O. BOX 70 OCALA, FL 34478



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04252008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1455276 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BONOT WRITE

DO NOT WRITE IN THIS SPACE

B. 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 tale if applicable.			DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$1	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	DREYFUS, JACK J JR.		
STREET ADDRESS	4 W. 58 ST 11TH FL.		
CITY-ST-ZIP	NEW YORK, NY		2000000943569
DOCUMENT /			05/29/08-80065-012/500.00
NAME			
STREET AODRESS CITY-ST-ZIP	ŕ	The state of the s	
	<u> </u>		
DOCUMENT#			
NAME STREET ADDRESS		TO N	OT WRITE
CITY-ST-ZIP			
	<del></del>		HS SPACE
DOCUMENT # NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT /			
NAME			
STREET ADDRESS	•		
CITY-ST-ZIP			
DOCUMENT /			
NAME			of the control of the

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:

STREET ADDRESS

SIGNATURE NIS TYPED OF PHOTOS NAME OF SIGNING GENERAL PARTNER

4/24/28

Daytime Phone