


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 21 AM 10:51

DOCUMENT # A03000001168		
1. Entity Name D M HUBER FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 2813 S. HIAWASSEE RD. #108 ORLANDO, FL 32835	Mailing Address P.O. BOX 730 WINDERMERE, FL 34786
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2. Principal Place of Business 625 main St Suite, Apt. #, etc. #27	3. Mailing Address Suite, Apt. #, etc.
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City & State Windermere, FL	City & State
Zip 34786	Country USA



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HUBER, DONALD M 8038 WHITFORD COURT WINDERMERE, FL 34786	

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.

9. Capital Contributions as Shown on record. \$680,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P03000055417	STREET ADDRESS	
NAME	D & S HUBER COMPANY	CITY-ST-ZIP	
STREET ADDRESS	8038 WHITFORD COURT		
CITY-ST-ZIP	WINDERMERE, FL 34786		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Donald M. Huber</u>	Date: <u>2/24/05</u>	Daytime Phone #: <u>407.909.0600</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		