


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) .  
DUE BY MAY 1, 2007**

<b>DOCUMENT #</b> A03000001835 1. Entity Name <b>HUNDUR, LTD.</b>	
---	---

Principal Place of Business 17403 FRONT BEACH ROAD PANAMA CITY FL 32413	Mailing Address 17403 FRONT BEACH ROAD PANAMA CITY FL 32413
---	---

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
--	--

4. FEI Number <b>52-2400065</b> <del>APPLIED FOR</del>	Applied For Not Applicable
---	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
---

6. Name and Address of Current Registered Agent <b>HAMM, WILLIAM G 1007 JENKS AVENUE PANAMA CITY FL 32413</b>
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	L03000056488 SBBR, LLC 17403 FRONT BEACH ROAD PANAMA CITY FL 32413	STREET ADDRESS CITY - ST - ZIP	<b>600104435176</b> <b>06/15/07--01060--021 **500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

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:**  **J HUNDLEY** **04/26/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED  
07 JUN 13 AM 9:42  
SECRETARY OF STATE  


1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE