
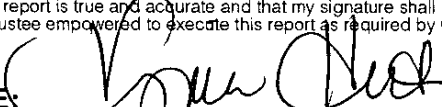


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A04000001019</b>					
1. Entity Name <b>HHUS LAND CO. LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>10130 BERTRAM LANE FORT MYERS FL 33912</b>			Mailing Address <b>10130 BERTRAM LANE FORT MYERS FL 33912</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1296158</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRAVINA, PETER J 10130 BERTRAM LANE FORT MYERS FL 33912</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.				<b>11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.</b>	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$50,000.00</b>					
10. Amount of Capital Contributions in FLORIDA to date.					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P04000076045</b>				STREET ADDRESS	
NAME <b>HHUS LAND CO., INC.</b>				CITY-ST-ZIP	
STREET ADDRESS <b>10130 BERTRAM LANE</b>					
CITY-ST-ZIP <b>FORT MYERS FL 33912</b>					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
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					
SIGNATURE  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date _____ Daytime Phone # _____					

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 12 AM 9:58



1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.**

**800056028288**  
06/10/05--01045--009 \*\*88.75  
**800056028288**  
06/10/05--01045--010 \*\*350.00

STAPLE CHECK HERE