


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:00

**DOCUMENT # A04000001055**

1. Entity Name  
 HSH WILLISLE MARINA COMPANY, LLLP



Principal Place of Business      Mailing Address  
 450 EAST LAS OLAS BOULEVARD, SUITE 1500      450 EAST LAS OLAS BOULEVARD, SUITE 1500  
 FORT LAUDERDALE, FL 33301      FORT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01072008      Chg-LP      CR2E003 (12/06)

4. FEI Number      Applied For  
 20-1517049      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
 ONE S.E. 3RD AVENUE, 28TH FLOOR  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Service U.S.A., Inc  
 450 E. Las Olas Blvd.  
 Suite 1500  
 Ft. Lauderdale, FL 33301

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 *Cris V Brandon, VP*      DATE 4/16/08

Signature, typed or printed name of registered agent and title if applicable.      DATE

**FILE NOW!!! FEE IS \$500.00**  
 - After May 1, 2008, Fee will be \$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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000048409	STREET ADDRESS	
NAME	HSH WILLISLE MARINA COMPANY, LLC	CITY-ST-ZIP	
STREET ADDRESS	450 EAST LAS OLAS BOULEVARD, SUITE 1500		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	500129201095
NAME		CITY-ST-ZIP	05/13/08--01017--002 **500.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Cris V Brandon*      DATE 4/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #