

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 12 AM 9:28

DOCUMENT # A05000001155 1. Entity Name MISSION HOBE SOUND VENTURE ONE, LLLP					
Principal Place of Business 275 MURCIA DRIVE SUITE 304 JUPITER, FL 33458			Mailing Address 275 MURCIA DRIVE STE 304 JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box # 6116 SE FEDERAL HWY.		3. Mailing Address 6116 SE FEDERAL HWY.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State STUART, FL		City & State STUART, FL		4. FEI Number 71-0983736	
Zip 34997		Country U.S.A.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE STE 304 JUPITER, FL 33458			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	L05000057168		STREET ADDRESS	6116 SE. FEDERAL HIGHWAY	
NAME	MISSION ANGLE IN LLC		CITY-ST-ZIP	STUART, FL 34997	
STREET ADDRESS	275 MURCIA DRIVE STE 304				
CITY-ST-ZIP	JUPITER, FL 33458				
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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: <u>Christopher J. McArthur</u> CHRISTOPHER J. MCARTHUR			Date: <u>2-6-07</u>		Daytime Phone #: <u>(772) 463-0677</u>

STAPLE CHECK HERE