

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:04

DOCUMENT # A05000001155	
1. Entity Name MISSION HOBE SOUND VENTURE ONE, LLLP	



Principal Place of Business 6116 SE FEDERAL HWY STUART, FL 34997	Mailing Address 6116 SE FEDERAL HWY STUART, FL 34997
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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



04142008 Chg-LP CR2E003 (12/06)

4. FEI Number 71-0983736		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		7. Name and Address of New Registered Agent	
MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE STE 304 JUPITER, FL 33458		Name CHRISTOPHER J. MCARTHUR	
		Street Address (P.O. Box Number is Not Acceptable)	
		6116 SE FEDERAL HWY.	
		City STUART	FL Zip Code 34997

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 C Jason McArthur C JASON MCARTHUR 4-15-08  
 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 #	L05000057168	STREET ADDRESS	
NAME	MISSION ANGLE IN LLC	CITY-ST-ZIP	
STREET ADDRESS	6116 SE FEDERAL HWY		
CITY-ST-ZIP	STUART, FL 34997		
DOCUMENT #		STREET ADDRESS	200125022312
NAME		CITY-ST-ZIP	04/22/08--01017--001 **500.00
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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 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: C Jason McArthur C JASON MCARTHUR 4-15-08 (772) 463-0677  
 Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE