## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000001167** 07 FEB 12 AM 9: 28 1. Entity Name FLOHIO MISSION HOBE SOUND, LLLP Principal Place of Business Mailing Address **275 MURCIA DRIVE** 275 MURCIA DRIVE SUITE 304 SUITE 304 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6116 SE FEDERAL 10116 SE FEDERAL Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-LP CR2E003 (12/06) City & State Applied For City & State 4. FEI Number STVART STUART FL 06-1748994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired U.S. A 34997 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCARTHUR, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 275 MURCIA DRIVE SUITE 304 JUPITER, FL 33458 City 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, typed or printed name of registered agent and title if applicable. DATE 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 A05000001155 DOCUMENT # STREET ADDRESS MISSION HOBE SOUND VENTURE ONE LLLP NAME 6116 SE FEDERAL HWY STREET ADDRESS 275 MURCIA DRIVE CITY-ST-ZIP CfTY-\$T-ZIF JUPITER, FL 33458 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 300088446953 <del>/15/07 0100 012 \*\*\*\*</del> CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT# + STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

CHRISTOPHER

STAM CHRISTOPHE INTED NAME OF SIGNING GENERAL PARTNER