


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:45

DOCUMENT # A05000001167 1. Entity Name FLOHIO MISSION HOBE SOUND, LLLP	
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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



04152008 Chg-LP CR2E003 (12/06)

4. FEI Number 06-1748994	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE SUITE 304 JUPITER, FL 33458
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7. Name and Address of New Registered Agent Name <u>CHRISTOPHER J. MCARTHUR</u> Street Address (P.O. Box Number is Not Acceptable) <u>6116 SE FEDERAL HWY.</u> City <u>STUART</u> FL Zip Code <u>34997</u>
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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 <u>C Jason McArthur</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE
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FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00
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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 #	A05000001155	STREET ADDRESS	
NAME	MISSION HOBE SOUND VENTURE ONE LLLP	CITY-ST-ZIP	
STREET ADDRESS	6116 SE FEDERAL HWY		
CITY-ST-ZIP	STUART, FL 34997		
DOCUMENT #		STREET ADDRESS	900125732769
NAME		CITY-ST-ZIP	04/25/08--01006--002 **500.00
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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>C Jason McArthur</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	C. JASON MCARTHUR 4-15-08 (772) 463-0677 <small>Date Daytime Phone #</small>
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STAPLE CHECK HERE