2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001901

1. Entity Name
H & B INTERESTS LIMITED PARTNERSHIP

FILED
07 MAY 24 AM 9: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7483 MAHOGANY BEND COURT BOCA RATON, FL 33434	7483 MAHOGANY BEND COURT BOCA RATON, FL 33434

04272007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1101 S. Rogers Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc. 10
City & State	City & State Boca Raton FL
Zip / Country	Zip 33487 / Country USA

4. FEI Number APPLIED FOR 22-3608956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINS, GLENN
1101 SOUTH ROGERS CIRCLE, SUITE 10
BOCA RATON, FL 33487

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

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 #		STREET ADDRESS	000103629600
NAME	LEVINS, HARVEY		05/31/07--01054--024 **500.00
STREET ADDRESS	7483 MAHOGANY BEND COURT	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33434		
DOCUMENT #		STREET ADDRESS	
NAME	LEVINS, BETTY		
STREET ADDRESS	7483 MAHOGANY BEND COURT	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33434		
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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: ______________________ 4-27-07 561-988-2036 X206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #