

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8: 22

DOCUMENT # A06000000311	
1. Entity Name HUGHES MARINA PARTNERSHIP, LLLP	



Principal Place of Business 8112 COLLINGWOOD COURT UNIVERSITY PARK, FL 34201	Mailing Address 8112 COLLINGWOOD COURT UNIVERSITY PARK, FL 34201
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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

02132008 Chg-LP CR2E003 (12/06)

4. FEI Number 70-4403923 APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUGHES, JOHN 8112 COLLINGWOOD COURT UNIVERSITY PARK, FL 34201		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY - ST - ZIP	L06000021422 HUGHES MOORINGS I, LLC 8112 COLLINGWOOD COURT UNIVERSITY PARK, FL 34201	STREET ADDRESS CITY - ST - ZIP	400125020074 04/22/08--01016--004 **500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L06000021419 HUGHES MOORINGS II, LLC 8112 COLLINGWOOD COURT UNIVERSITY PARK, FL 34201	STREET ADDRESS CITY - ST - ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/30/08

941-351-3889

STAPLE CHECK HERE