


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 FEB 14 AM 9:55

DOCUMENT # A06000000454	
1. Entity Name HCI INVESTORS JACKSONVILLE, LLLP	

Principal Place of Business 107 NORTH PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	Mailing Address 107 NORTH PENNSYLVANIA STREET INDIANAPOLIS, IN 46204
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01122007 Chg-LP CR2E003 (12/06)	
4. FEI Number 20-5692265	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	
HOKANSON, STEPHEN P 2809 SILVER LEAF LANE NAPLES, FL 34105	


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.

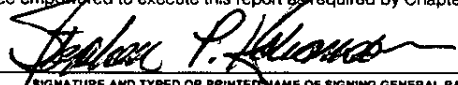
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	HOKANSON, STEPHEN P	STREET ADDRESS	
NAME	2809 SILVER LEAF LANE	CITY-ST-ZIP	
STREET ADDRESS	NAPLES, FL 34105		
DOCUMENT #	ZOCCOLA, BOYD R	STREET ADDRESS	
NAME	107 NORTH PENNSYLVANIA STREET	CITY-ST-ZIP	
STREET ADDRESS	INDIANAPOLIS, IN 46204		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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:  2/1/07 317-633-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE