

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A06000000749

1. Entity Name
DECKER H.I.O. L.L.L.P.



Principal Place of Business
**12330 S.E. DIXIE HIGHWAY
HOBE SOUND, FL 33455**

Mailing Address
**12330 S.E. DIXIE HIGHWAY
HOBE SOUND, FL 33455**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 25 AM 10:17



07162007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3628249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DECKER, GERALD R
12330 S.E. DIXIE HIGHWAY
HOBE SOUND, FL 33455**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

DATE _____

FILE NOW!!! FEE IS \$000.00 — \$500.00
On or after September 14, 2007, Fee will be \$1000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**DECKER, GERALD A
109 COMMODORE DRIVE
JUPIER, FL 33477**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**DECKER, DEE ANN
109 COMMODORE DRIVE
JUPIER, FL 33477**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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NAME
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01/31/07 80001 001 \$500.00

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IN THIS SPACE**

BLT

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

1/17/07
Date

561 827 6599
Daytime Phone #

STAPLE CHECK HERE