
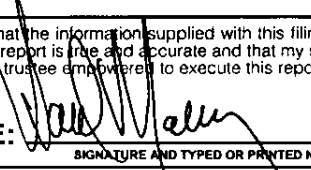


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED

2007 MAR 27 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A06000000791</b>			
1. Entity Name <b>MASSEY FAMILY INVESTMENTS, LTD.</b>			
Principal Place of Business <b>610 N. WYMORE ROAD MAITLAND, FL 32751</b>		Mailing Address <b>610 N. WYMORE ROAD MAITLAND, FL 32751</b>	
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
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LOWMAN, WILLIAM R JR 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>L06000060966</b>	STREET ADDRESS	
NAME	<b>HLM MANAGEMENT, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>610 N. WYMORE ROAD</b>		
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: 		3/12/07 407 645-2500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



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